

FOOD STAMP INFORMATION SYSTEM (FSIS) USER'S MANUAL

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101.01 GENERAL

This system contains data on all the individuals currently receiving or who previously received food stamps.

- A. FSIS consists of four menu screens:

MASTER MENU This menu displays several options. The option you would use to navigate through FSIS using the menu functions is the Food Stamp Master Menu option.

FOOD MASTER STAMP MENU This menu allows you to select two options either go to the Food Stamp Inquiry/Update menu functions or logoff CICS.

FOOD STAMP INQUIRY MENU This menu displays inquiry functions for which you are authorized.

FOOD STAMP UPDATE MENU This menu displays update functions for which you are authorized.

- B. A prompt is displayed when a FSIS Case ID Number or Social Security Number (SSN) is required for the selection you have made. If additional data is not required for the selection you have made, no prompt is displayed and the transaction screen is displayed.
- C. The Master Menu, Food Stamp Inquiry Menu or Food Stamp Update Menu is displayed once the transaction is completed either immediately, once ENTER is pressed from the prompt displayed, or by pressing the F10 key if a clear screen is displayed with no prompt. Depending on which menu the selection was made determines the menu that is displayed. An example of the ENTER prompt is displayed below:

+-----CICS-SSO-----+
Press ENTER for Menu

101.02. FOOD STAMP LOGON INSTRUCTIONS

- A. FROM THE BANNER SCREEN WHICH SHOWS THE MESSAGE, IS CONNECTED TO THE STATE NETWORK, KEY SCC1CICS. Press ENTER. The following CICS screen is displayed.

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```

Welcome To SCC1CICS   (CICS/ESA 3.3.0.) Food Stamps Production Region

      cccccccccccccc\      IIIIIIIIIIIIIII\      cccccccccccccc\      ssssssssssssss\
      cccccccccccccc\      IIIIIIIIIIIIIII\      cccccccccccccc\      ssssssssssssss\
      cccc\//////////      \\\\\\\III\\////////      cccc\//////////      ssss\//////////
      cccc\              III\              cccc\              ssss\
      cccc\              iii\              cccc\              ssss\
      cccc\              iii\              cccc\              ssss\
      cccc\              iii\              cccc\              ssss\
      cccccccccccccc\      IIIIIIIIIIIIIIIi\      cccccccccccccc\      ssssssssssssss\
      cccccccccccccc\      IIIIIIIIIIIIIIIi\      cccccccccccccc\      ssssssssssssss\
      \\\\\\\////////      \\\\\\\//////////      \\\\\\\////////      \\\\\\\////////

                                                                    PF 1  Help
                                                                    PF 3  Exit

      ..fill in bill-code (as:bbb-ddd).

      Userid   ==>              bill-cde   ==>
      Password ==>              new pswd   ==>
      Please fill in your Userid and Password and press ENTER

News ----- PF 2 Zoom
|
|
+-----+
Mon Jul 1  07/01/96  18:38:18  term=B132/BDT132  sys=CICSSCC1  cpu=SYSE USER
  
```

- B. From the CICS screen, key your RACF-ID, BILL-CDE, and PASSWORD. Press ENTER. The following FSIS Menu is displayed.

NOTE: ONLY THE OPTIONS YOU ARE AUTHORIZED TO USE ARE DISPLAYED ON THE MENU YOU RECEIVE. YOUR MENU OPTONS MAY BE DIFFERENT FROM OTHER WORKERS. OPTIONS ARE BASED ON YOUR RACF ID SECURITY.

```

Command ==>

      NC Dept. of Health and Human Services
      MASTER MENU

      1 FOOD MASTER STAMP MENU

      2 Blank Screen (CICS

      3 Logoff CICS

      4 CICS Administration Menu (SO)

F1/F13=HELP
  
```

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C. From the MASTER MENU:

1. To use the Food Stamp Menu functions, key the item number for the Food Stamp Menu option in the COMMAND field and press ENTER. The NC Dept Health and Human Services Food Stamp Menu is displayed.

Command ==>

NC Dept. of Health and Human Services
FOOD STAMP MASTER MENU

1 FOOD STAMP INQUIRY→UPDATE

2 Logoff CICS

F1/F13=HELP F3/F15=END

2. To view transactions from a Blank screen, key the item number for the Blank screen option in the COMMAND field and press ENTER. A Blank screen is displayed. If you later need to use the menu feature, press F10, and the Master Menu is displayed. Follow the commands to reach the Food Stamp Inquiry and Food Stamp Update Menus.

- D. There are two pages of the Food Stamp Master Menu, Inquiry and Update. From the Food Stamp Master Menu, key the item number for Food Stamp Inquiry→Update in the COMMAND field, and press ENTER. The FOOD STAMP INQUIRY MENU is displayed.

NOTE: ONLY THE OPTIONS YOU ARE AUTHORIZED TO USE ARE DISPLAYED ON THE MENU YOU RECEIVE. YOUR MENU OPTIONS MAY BE DIFFERENT FROM OTHER WORKERS. OPTIONS ARE BASED ON YOUR RACF ID SECURITY.

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Command ===→

North Carolina Department of Health and Human Services
FOOD STAMP INQUIRY MENU

1 SLMU MENU SLUP/SLUO/SLIN	10 SLDI - Commodity Inquiry
2 SLNS Name Search	11 SLWI - Cnty Worker Number Inq
3 SLNM Name Match	12 ERTI - User ID Maintenance (SD)
4 SLSN SSN Match	13 SLRI - Recon Info
5 SLII Benefit Inquiry	14 SLMC - Mass Change Update (SO)
6 SLCI Claim Inquiry	15 SLMI - Mass Change Inq (SO)
7 SLAI Auth Rep/ATDC Inquiry	16 SLMF - Electronic Manifest Inq
8 SLID IPV Disqualif. Inquiry	17 SLCP - Disaster EBT Cards
9 SLFI Forms On Hold Inquiry	18 SLTR Transaction Tracking
	19 -- FS UPDATE Menu

F1/F13=HELP FS/F15=END

- E. To display any of the inquiry transactions, key the item number in the COMMAND field and press ENTER. If the transaction requires a FSIS Case ID number or ssn, a prompt is displayed. Enter the necessary information on the prompt screen, press ENTER, and the transaction screen is displayed. If the transaction does not require a FSIS Case ID number nor an ssn, no prompt is displayed. The transaction screen is displayed.
1. An example of the prompt screen is displayed below requesting more information to display the transaction screen you wish to view.

FOOD STAMP INFORMATION SYSTEM
(CICS SSO)

PLEASE ENTER A 9 DIGIT CASE ID:

F12=CANCEL ENTER KEY = CONTINUE

If you wish to cancel from the prompt screen, press the F12 key and the Food Stamp Inquiry Menu is displayed.

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2. To view the Menu Help Screen, press F1, and the Help screen is displayed.

+---Help Facility-----+
Command=>
Food Stamp INQUIRY ->UPDATE
F12=CANCEL

If you wish to cancel from the menu Help screen, press the F12 key and the Food Stamp Inquiry Menu is displayed.

3. To view a Help Screen for a transaction, key an H to the left of the item number or the first digit of an item number that has two digits of the transaction you wish to view. Press Enter. The transaction help screen is displayed. An example is shown below.

+---Help Facility-----+
Command=>
SLNS Name Search
The text of the transaction help screen Is displayed here.
F12=CANCEL

If you wish to cancel from the menu Help screen, press the F12 key and the Food Stamp Inquiry Menu is displayed.

- F. To display the Food Stamp Update Menu, key the update menu item number in the COMMAND field from the Food Stamp Inquiry Menu Screen. Press ENTER. The Food Stamp Update Menu is displayed.

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Command ===→

North Carolina Department of Health and Human Services
FOOD STAMP UPDATE MENU

- | | |
|--------------------------------|--------------------------------|
| 1 SLMU SLUP/SLUO/SLIN | 8 SLTO Federal Tax Ref Offset |
| 2 SLSE EBT Issuance | 9 SLCD Commodity Update |
| 3 SLNC Name Change | 10 SLCA - County Address/Tel |
| 4 SLAR -- Auth Rep/ADTC Update | 11 SLWV Caseworker Name/Nbr |
| 5 SLIC EBT Card Issuance | 12 SLRT Message System |
| 6 SLAW FSIS Budget | 13 SLFX Ind Deact Process (SO) |
| 7 SLDQ Disqual Recipient Track | 14 SLFD Forms on Hold Delete |
| | 15 SLUI |

F1/F13=HELP FS/F15=END

1. To display any of the update transactions, key the item number in the COMMAND field and press ENTER. If the transaction requires a FSIS Case ID number or ssn, a prompt is displayed. Enter the necessary information on the prompt screen, press ENTER, and the transaction screen is displayed. If the transaction does not require a FSIS case ID number nor an ssn, no prompt is displayed. The transaction screen is displayed.
2. To return to the Food Stamp Inquiry Menu from the Food Stamp Update Menu, press the F3 Key.
3. An example of the prompt screen is displayed below requesting more information to display the transaction screen you wish to view.

(CICS SSO)

PLEASE ENTER A 9 DIGIT CASE ID:

F12=CANCEL ENTER KEY = CONTINUE

If you wish to cancel from the prompt screen, press the F12 key and the Food Stamp Update menu is displayed.

4. To view the Menu Help Screen, press F1 and the Help Screen is displayed.

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```
+---Help Facility-----+
Command=>

                                ---->FS UPDATE Menu

F12=CANCEL
```

If you wish to cancel from the menu Help screen, press the F12 key and the Food Stamp Inquiry Menu is displayed.

5. To view a Help Screen for a transaction, key an H to the left of the item number or on the first digit if the item number is two digits of the transaction you wish to view. Press Enter. The transaction help screen is displayed. An example is shown below.

```
+---Help Facility-----+
Command=>

                                SLNC  Name Change

                                The text of the transaction help screen is displayed here.

F12=CANCEL
```

If you wish to cancel from the menu Help screen, press the F12 key and the Food Stamp Inquiry Menu is displayed.

101.03 **HELP SCREEN AND HELP SCREEN TEXT**

A. Master Menu

1. Master Menu Press F1 to receive the following DHHS-MASTER Menu Help Screen:

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Command=>

DHHS MASTER MENU

The Master Menu allows you to choose:
Food Stamp Menu - Navigate through FSIS using menus.
Blank Screen - Navigate through FSIS by using a
Blank screen to key the transactions.
Logoff CICS - Signs you off CICS.

F12=CANCEL

2. Food Stamp Menu

Enter H to the left of option 1 and press ENTER to receive the following Food Stamp Menu Help Screen.

Command=>

FOOD STAMP MENU

The Food Stamp Menu allows you to choose the FSIS
Navigation path, either
(a) Inquiry/Update Menu process, or
(b) Blank screen process
You may also sign off CICS from this screen.

F12=CANCEL

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3. Blank Screen (CICS)

Enter H to the left of option 2 and press ENTER to receive the following Blank Screen (CICS) Help Screen.

Command==→

Blank Screen (CICS)

This choice exits to a CICS blank screen. From the Blank screen you can enter any CICS Transaction you Are authorized. You can also enter such transactions On the Command===→ line of any menu screen.

F12=CANCEL

101.04. Logoff CICS

A. To receive the Food Stamp Menu to logoff CICS:

1. From the Food Stamp Inquiry Menu, press F3, or
2. From the Food Stamp update Menu, press the F3 twice.

The Food Stamp Menu Screen is displayed.

B. From the Food Stamp Menu, key the Logoff item number in the COMMAND field. Press ENTER. The Banner screen is displayed.

C. From a blank screen, key LOGOFF and press ENTER. The Banner screen is displayed.

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102.01 GENERAL INFORMATION

X/PTR is a report distribution system which contains many reports that are useful for case management. This section describes how to access **X/PTR**, how to define your User Profile, how to view and print reports, and how to logoff X/PTR.

NOTE: When you see Press END on the screen, use PF3 instead.

102.02 ACCESS PROCEDURES

- A. From the State Banner Screen which displays the terminal ID and the Message IS CONNECTED TO THE STATE NETWORK , key **NCXPTR**. Press **Enter**.

The L22: Logon to XPTR screen displays:

X 1TR L22: Logon to XPTR				Node ZDA10739			
XXX	XXX	///	PPPPPPPPPP	TTTTTTTTTTTT	RRRRRRRRRR		
XXX	XXX	///	PP	PPP	TT	RR	RRR
XXX	XXX	///	PP	PPP	TT	RR	RRR
XXXXXX		///	PP	PPP	TT	RR	RRR
XXXX		///	PPPPPPPPPP	TT	RRRRRRRRRR		
XXXX		///	PP		TT	RR	RR
XXXXXX		///	PP		TT	RR	RR
XXX XXX		///	PP		TT	RR	RR
XXX XXX		///	PP		TT	RR	RR
XXX XXX		///	PP		TT	RR	RR
Security Logon ID ==>							
Password ==>							
Account ==>							
To change your password, enter the same new password in both areas.							
New password ==> ==>							
Press ENTER to connect with X/PTR Press HELP key (PF1) for assistance							
Press END key (PF3) to disconnect from X/PTR							
X/PTR is a licensed software service of Systemware, Inc., Dallas							
X/PTR and Systemware are trademarks of Systemware, www.systemware-inc.com							

102.02. (CONT'D)

- B. From the L22: Logon to X/PTR screen, key your Security Logon ID (RACF ID), Password, and your Account (Billing Code (dddbbb)). (This is a six position field. Enter DHR followed by your three position billing code, i.e. DHREJA, DHRWFJ.) Press Enter.

If this is your **first time** signing on to X/PTR, refer to 102.06 below. Otherwise, continue on page 2 if you have signed on to X/PTR.

J 1 V22: <u>Favorites</u>		Line 1
Command ==→		Scroll ==→13
Commands: PRO <u>Update Favorites (via Profile)</u>		
Options:	B Display on terminal	X List report indices
	S List report versions	V List report views
	PRT Print	Q Add to Work Queue
	SQ Structured Query	N Version Notes
Use END command to exit. Use LEFT command to list more report information.		
Opt	Type	Title
	DIR	MY DIRECTORIES
	RPT	DHRSL ACT QC ISS SLII - SLA487-01
	RPT	DHRSL CASES DUE REDETERM-SLER940
	RPT	DHRSL EXPED OVER 5 SLEM385-01
	RPT	DHRSL FOOD STAMP RECOUPMENTS
		Last CMD

(Report titles vary depending on your User Profile)

If the V22: Favorites screen does not list all your report, key AFV in the OPT column to the left of MY DIRECTORIES. Press ENTER. Key LR at the command line. Press ENTER. MY DIRECTORIES is expanded to display all the reports in your profile.

- C. Press **PF8** to scroll forward or **PF7** to scroll backward through the list of reports one page at a time.
- D. If you know the name of the report or the prefix of the report you are looking for, you can search the list of reports by entering on the command line, the letter **F** and the report name or prefix enclosed in single quotes (You must be at the top of the list of reports). Press **Enter**.

Ex: f DHREJ
F DHREJ MED REG RUN

The first report in your list with the prefix or report name you searched for displays at the top of the list. You must still use one of the options to display the report.

102.03 X/PTR LATEST REPORTS OPTIONS

A. **Command Pro** INITIAL LIST OF REPORTS

This command allows you to add and/or remove report directories from your User Profile. Refer to VIII below for instructions on modifying your User Profile.

B. **OPTION B** DISPLAY ON TERMINAL

1. Key **B** under the Opt column to the left of the report you want to view. Press **Enter**.
2. The message 'Report **report name** is not available on disk' appears if the report must be recalled. Press **Enter** to request the report. In a few minutes, key **B** again to the left of the report name. If the report is still not available when you try again, **DO NOT PRESS ENTER AGAIN**. If you press **Enter** again, X/PTR generates another request for the report. Multiple requests for the same report slows response time. Press **PF3** to exit and return to the V22: **Favorites screen**.

NOTE: Press **PF3** to exit without requesting the report.

C. **OPTION S** - LIST REPORT VERSIONS

Use this option when you want to view a version of the report other than the current version.

1. Some reports have more than one version available. For example: If a report is produced daily, each different day s report is a separate version of that report. This is useful when you need to view a prior version of a report such as Pending Applications and Emergency Cases Report.
2. Key **S** to the left of the report name to view the versions of the report. Press **Enter**.
3. The list of available versions of the selected report is displayed on the screen.
4. Key **B** under the Opt field to the left of the version you wish to view. Press **Enter**.
5. The **Message** 'Report **report name** is not available on disk' appears if the report must be recalled. Press **Enter** to request the report. In a few minutes, key **B** again to the left of the version. If the report is still not available when you try again, **DO NOT PRESS ENTER AGAIN**. If you press **Enter** again, X/PTR generates another request for the report. Multiple requests for the same report slows response time. Press **PF3** to exit and return to the v22: **Favorites screen**.

102.03 C (CONT'D)

NOTE: Press **PF3** to exit without requesting the report.

D. **OPTION PRT PRINT**

1. Key PRT under the Opt field to the left of report name or version you wish to print. You may also use this command at the top of the report you are viewing. Press Enter. The following screen displays:

J 1 PO7: Print DHRSLA SLER100-01-10 APPL PEND		10/01/1999
Command ==>		
Commands: CAN Cancel DVR Drivers		
Leave page and line numbers blank to print all.		
From page ==>	Line ==>	
To page ==>	Line ==>	
Banner page name	==>	
Banner page ID	==>	
Combine print requests	==>NO	(yes/no)
Output driver	==>PBNS	
Confirm print requests	==>YES	(yes,no,first time)
The indexing values may be used to select a section of a report based on the content and the person that normally receives it. If these values are omitted you will receive your normal section of the report.		
Index name	==>	
Index selection data	==>	

(Your default printer should have already been set. If not, please refer to 102.07 below to set your default printer.)

2. To print the whole report, press **Enter** continue to #4.
3. Enter the page ranges for the report in the **FROM PAGE** and **TO PAGE** fields. You may also enter specific line numbers on the given pages to have a more detailed printout (Line numbers are not required). Press **Enter** and the following screen displays:

NOTE: If you get an ABEND Message while trying to print, call DHHS Customer Support at (919) 733-9100 and ask them to restart the X/PTR program.

J 1 P20: Print Characteristics		Line 1
Command =====		Scroll =====
PAGES SELECTED	2	
Output driver: PBNS		
Press ENTER then END key when all modifications are completed		
Parameter	Value	
CLASS	A	
COPIES	* 001	
NODE	*	
DEST	*	
FORMS	*	
FCB	*	
UCS	*	
HOLD	*	
FORMDEF	*	
PAGEDEF	*	
*****End of		
list*****		

4. Verify your destination printer. If correct, press **PF3** and your report prints to the printer designated. To verify the report has printed, look for the word **Printed** in the upper right corner of the screen.

102.04 VIEWING THE REPORTS

There are options for moving around inside a report on **X/PTR**. **ALL OPTIONS ARE NOT AVAILABLE IN ALL REPORTS**. Some reports are county specific, meaning you only get the report for your county, and some are not. X/PTR searches the entire report for the criteria entered on the command line (There is no 200 page limit). If you receive the Message **NOT FOUND IN REPORT**", then the search criteria does not exist in the entire report version. You must format your search criteria exactly like it is formatted on the report.

- A. To find your county s section of a report key **F** followed by a space and '**County XX**' on the **COMMAND** line. (Single quotation marks are only needed if a space exists in the search criteria) Press **Enter**.

Example: F CountyXX Single Quotes needed
F Yancey No Single Quotes needed
- B. To find your district within a report key **F** followed by a space and **DISTRICT XXX**' on the **COMMAND** LINE. (Single quotation marks are only needed if a space exists in the search criteria) Press **Enter**.
- C. To find a page in a report key **PA** followed by a space and the page number you wish to view on the **COMMAND** line. Press **Enter**. (A report page may require several screens.)

102.04 (CONT'D)

- D. To find a name, word, or number in a report, key **F** followed by a space and **XXXXXX** on the **COMMAND LINE**. Key single quotation marks only if a space exists in the name, word, or number you wish to find. Press **Enter**. For example, to find a certain FSIS Case ID within a report, key **F** followed by a space and 123456789. Press **Enter**.
- E. If more than one match for the search criteria exists, press PF5 to find the next occurrence.
- F. To scroll forward through a report, press **PF8**. The next screen of the report displays. (A report page may require several screens.)
- G. To scroll backward through a report, press **PF7**. The previous screen of the report displays. (A report page may require several screens.)
- H. Press **PF11** for the right side of a report.
- I. Press **PF10** to return to the left side of a report.
- J. To return to the list of reports, press **PF3**.

102.05 LOGOFF PROCEDURES

To logoff **NCXPTR**, press **PF3** until you get back to the State Banner Screen. You must press **PF3** many times to exit completely.

102.06. SIGNING ON TO X/PTR FOR THE FIRST TIME

- A. Use these instructions ONLY the first time you sign on to **NCXPTR**. Once you have signed on, the G:33 Initial Report Lists screen displays. Press **Enter**.

X 1 G33: Initial Report Lists
Command ===→

The Initial Report List can greatly reduce the time required to connect to X/PTR. You can prepare a list of reports (and directories if desired) to see when you logon.

Press ENTER to have a list prepared that contains reports you are authorized to see. This process may take several minutes. This is a one-time event. You will not see this screen again. The PRO command can be used at any time to display and modify your initial report list.

Press END to exit this screen without preparing an initial report list at this time. The -PRO command can be used at any time to prepare your initial report list. If you do not prepare such a list, then this screen is displayed at your next logon.

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- B. The G31: Select Reports From Directory Screen displays.

J 1 G31: Select Reports From Directory /		Line	1
Command ==>		Scroll	==> 16
<p>Select the report and directories to be added with an S in the Opt column. To expand a directory to the next level, use a ? in the Opt column. Press ENTER to make changes, and END to exit this level.</p>			
Opt Report	Title		
/ADM	*DIRECTORY*		
/AQC	*DIRECTORY*		
/CCD	*DIRECTORY*		
/COM	*DIRECTORY*		
/COR	*DIRECTORY*		
/DHR	*DIRECTORY*		
/DOT	*DIRECTORY*		
/GOV	*DIRECTORY*		

- C. Key ? to the left of the directory /DHR to display the sub-directories within the DHR directory. Press **Enter**.

J 1 G31: Select Reports From Directory /		Line	1
Command ==>		Scroll	==> 16
<p>Select the report and directories to be added with an S in the Opt column. To expand a directory to the next level, use a ? in the Opt column. Press ENTER to make changes, and END to exit this level.</p>			
Opt Report	Title		
/ADM	*DIRECTORY*		
/AQC	*DIRECTORY*		
/CCD	*DIRECTORY*		
/COM	*DIRECTORY*		
/COR	*DIRECTORY*		
/DHR	*DIRECTORY*		
/DOT	*DIRECTORY*		
/GOV	*DIRECTORY*		

- D. Press **PF8** to scroll to the next page, key **S** to the left of the sub-directory /DHR/SLA to select the list of reports that begin with DHRSLA (You can key an S beside more than one sub-directory if needed). Press **Enter**.

J 1 G31: Select Reports From Directory /		Line	17
Command ==>		Scroll	==> 16

Select the report and directories to be added with an S in the Opt column. To expand a directory to the next level, use a ? in the Opt column.
Press ENTER to make changes, and END to exit this level.

Opt Report	Title
/DHR/EJA	
/DHR/EPA	
/DHR/FCF	
/DHR/FDA	
/DHR/FKA	
/DHR/FKK	
/DHR/FKY	
S/DHR/SLA	

- E. The following screen displays: (The only difference in these two screens is the S is now capitalized if you used a lower case s above, otherwise, there is no difference).

J 1 G31: Select Reports From Directory /DHR	Line 17
Command ==>	Scroll ==> 16

Select the report and directories to be added with an S in the Opt column. To expand a directory to the next level, use a ? in the Opt column.
Press ENTER to make changes, and END to exit this level.

Opt Report	Title
/DHR/EJA	
/DHR/EPA	
/DHR/FCF	
/DHR/FDA	
/DHR/FKA	
S/DHR/SLA	

- F. Press **PF3** until you have returned to the G30: List of Reports screen.

G. Key S to the left of 'Exit saving any list updates'. Press ENTER.

H. Press PF3. Key LR at the command line. Press ENTER. (This refreshes the screen with your profile changes.)

102.07 SETTING THE PRINTER DEFAULTS

Use these instructions to set your printer default to a network printer for printing large reports or multiple pages at once. You can still screen print the current screen, one page at a time.

102.07 (CONT'D)

- A. When you sign on to NCXPTR again, the following screen displays. Key **PRO** on the command line. Press **Enter**.

```

J 1 V22: Favorites                               Line      1
Command ===> pro                               Scroll  ===>13

Commands: PRO  Update Favorites (via Profile)
Options:  B    Display on terminal                X  List report indicates
          S    - List report versions              V  List report views
          PRT  - Print                             Q  Add to Work Queue
          SQ   - Structured Query                  N  - Version Notes
Use END command to exit. Use LEFT command to list more report information.

Opt  Type  Title  Last  CMD
    DIR  MY DIRECTORIES
    RPT  DHRSL ACT QC ISS SLII  SLA487-01
    RPT  DHRSL CASES DUE REDETERM-SLER940
    RPT  DHRSL EXPED OVER 5 SLEM385-01
    RPT  DHRSL FOOD STAMP RECOUPMENTS
  
```

- B. The G01: Profile for /DHR/USR/HRSS.. screen displays. Key **PRT** on the command line. Press **Enter**.

```

J 1 G01: Profile for /DHR/USR/TSO7P72
Command  ===> prt
Select Command from list below.
Place any character next to command or enter command in Command
===> area.

Cmd  Description                                Profile action
FAV  List of reports                            I  Reset
PRT  Print defaults                            L  Reload
BRS  Browse                                    CAN  Cancel
ARC  Archive restore
CMD  Initial menu
VFY  Verify deletes
JHS  JHS options
  
```

- C. The P01: Standard print Profile for /DHR/USR/HRSS screen displays.

J 1 P01: Standard Print Profile for /DHR/USR/TSO7P72
Command ===>
Commands: DVR Drivers CAN Cancel
This screen identifies special options for printing SYSOUT when requested with a P print command. No special information is required for normal printing.

Banner page name ===>

Combine print requests ===> (YES/NO)
Output driver ===>
Confirm print request ===> (YES=always, FIRST=first
time, NO=only if ?)

Press ENTER to display output parameters if driver specified
Press END to exit

- D. On the command line key **DVR**. In the Banner page name field, key MJA and the first five letters of your last name. Press **Enter**.

J 1 P01: Standard Print Profile for /DHR/USR/TSO7P72
Command ===>dvr
Commands: DVR Drivers CAN Cancel
This screen identifies special options for printing SYSOUT when requested with a P print command. No special information is required for normal printing.

Banner page name ===> MJASMITH

Combine print requests ===> NO YES/NO)
Output driver ===> PBNS
Confirm print request ===> (YES=always, FIRST=first
time, NO=only if ?)

Press ENTER to display output parameters if driver specified
Press END to exit

102.07 (CONT'D)

- E. Key **S** in the Opt column to the left of the name **PBNS**. Press **Enter**.

J 1 P30: Drivers for /DHR/USR/TSO7P72		Line 1
Command ==>		Scroll ==> 17
Commands: CAN Cancel		
Options: S Select I Initialize DEL Delete from profile		
Press ENTER then END key when all driver selections are complete		
Opt Name	Description	
PNSP	PRINT REPORTS, NO SEPARATORS	
PBAT	PRINT REPORTS, ALL SEPARATORS, USER NAME	
PBNS	CUR PRINT REPORTS, NO SEPARATORS, BATCH JOB	
PXBT	PRINT XEROX, ALL SEPARATORS, USER NAME	
MAIL	EMAIL REPORTS, NO SEPARATORS	
PJOB	PRINT JCL, WITH STEPS, USER NAME	
PDSN	PRINT REPORTS TO DSN	
PQ02	PRINT QUEUE, COMBINE RPTS, BY FORMID	
*****End of list*****		

- F. You MUST have the name/code for your network printer, then complete the following:

1. Key the printer name/code to the right of the * in the **DEST** field.

J 1 P20: Print Characteristics		Line 1
Command ==>		Scroll ==> 16
Commands: CAN Cancel F Find		
Output driver: PBNS		
Press ENTER then END key when all modifications are complete		
Parameter	Value	
CLASS	*A	
COPIES	*001	
NODE	*	
DEST	*	
FORMS	*	
FCB	*	
UCS	*	
HOLD	*	
FORMDEF	*	
PAGEDEF	*	
*****End of list*****		

2. Press PF8 and the following screen displays.

J 1 P20: Print Characteristics		Line 17
Command ==>		Scroll ==> 16
Commands: CAN Cancel F Find		
Output driver: PBNS		
Press ENTER then END key when all modifications are complete		
Parameter	Value	
CLASS *		
COPIES	*	
NODE *		
DEST *		
FORMS	*	
FCB *		
UCS *		
HOLD *		
FORMDEF	*	
PAGEDEF	*	
*****End of list *****		

- G. Complete the above fields as follows:

1. Enter DHRMJA to the right of the * in the **ACCOUNT** field.
2. Enter DHHS to the right of the * in the **ROOM** field.
3. Enter your First and Last name to the right of the * in the **JOBPROGRAMMER** field.
4. Press **Enter** to update the printer default, then press **PF3** to return to the "P30: Drivers" screen.

NOTE: Press **PF3** until the V22: Favorites screen displays if you do not have a network printer or do not know the name/code for your network printer.

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- H. Press **PF3** again to return to the "P01: Standard Print Profile" screen. Key **NO** in the "Combine Print Requests" field. Key **YES** in the "Confirm Print Request" field.

```
J 1 P01: Standard Print Profile for /DHR/USR/TSO7P72
Command ==>
Commands: DVR Drivers CAN Cancel
This screen identifies special options for printing SYSOUT when requested with a P print
command. No special information is required for normal printing.

Banner page name          ==> MJASMITH

Combine print requests     ==> NO (YES/NO)
Output driver              ==> PBNS
Confirm print request      ==> YES (YES=always, FIRST=first
Time, NO=only if ?)
```

- I. Press **PF3** twice to return to the V22: **Favorites** screen. You are now ready to browse and print reports. Refer to 102.03 above.

102.08 MODIFYING YOUR USER PROFILE

- A. From any screen that displays the command **PRO**, you may key **pro** on the command line at the top of the screen. Press **Enter**.

```
J 1 V22: Favorites
Command ==> pro
Line 1
Scroll ==> 13

Commands: PRO Update Favorites (via profile)
Options:  B Display on terminal X List report indicates
          S List report versions V List report views
          PRT - Print Q Add to Work Queue
          SQ Structured Query N Version Notes
Use END command to exit. Use LEFT command to list more report information.

Opt  Type Title Last CMD
DIR MY DIRECTORIES
RPT DHRSL ACT QC ISS SLTI SLA487-01
RPT DHRSL CASES DUE REDETERM SLER940
```

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- B. The G01: Profile for /DHR/USR/HRSS screen displays:

J 1 G01: Profile for /DHR/USR/TSO7P72

Command ===→

Select Command from list below.

Place any character next to command or enter command in Command ===→ area.

Cmd	Description	Profile action
FAV	- List of reports	I - Reset
PRT	Print defaults	L - Reload
BRS	Browse	CAN - Cancel
ARC	- Archive restore	
CMD	Initial menu	
VFY	- Verify deletes	
JHS	- JHS options	

- C. Key **FAV** on the command line. Press **ENTER**. The **G30**: List of Reports screen displays:

J 1 G30: list of Reports

Command ===→

This series of screens will customize the list of reports presented when you connect to X/PTR requesting your default list of reports. A concise list reduces logon time and make locating the desired report easier. To exit this screen before making any changes, press END. To continue, select an ACTION, a FORMAT, and press ENTER.

ACTION (Select option below with any character on the left)

(Report list may include up to N reports)

Select reports and directories to add to the list. Display/remove reports and directories in the list. Remove all reports and directories from the list. Discard any changes and revert to prior list. Exit saving any list updates.

FORMAT OF REPORT NAMES USED IN LIST CREATION PROCESS

S Title
Alternate name
JCL Form ID
Job, step, procstep, DD
Title, sorted in report name sequence

- D. Key **S** to the left of Select reports and directories to add to the list . Press **Enter**. The G31: Select Reports From Directory screen displays. From here, refer to **VI.B-D** above selecting the different directory or subdirectory you wish to add/delete.
- E. Press **PF3**. Key **S** beside Exit saving any list updates . Press **Enter**. The G01: Profile screen displays.
- F. Press **PF3**. The V22: Favorites screen displays with changes included.

G. Key LR at the command line. Press ENTER and profile changes display.

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102.09 Report Names and Access Codes – This is not a complete listing of reports that are displayed in X/PTR.

Report Access Code	English Text Report Name
DHREBT EPT106EP-01 DAILY DETAIL	PROCESSING STATEWIDE TOTALS
DHREBT EBT108EP-01 PEND NAME CHG	PENDING END OF THE MONTH EBT CARD REPLACEMENTS DUE TO NAME CHANGE
DHREBT EBT206-DC ADTC PEND EN	RESIDENTS IN ALCOHOL & DRUG TREATMENT CENTER
DHREBT EBT207-RB REJECT BENEF	FSIS ISSUANCES BEING HELD BY EBTIS
DHREBT EBT208-DT ADTC MTH BEN	SUMMARY OF MONTHLY BENEFITS FOR CASES IN ADTC
DHREBT EBT301EP-01 DLY BEN AUTH	DAILY BENEFIT AUTHORIZATIONS
DHREBT EBT302EP-01 MTHLY BEN SUMM	MONTHLY BENEFIT AUTHORIZATIONS SUMMARY
DHREBT EBT306EP-01 DLY CB REPAY	DAILY REPAYMENTS FROM CITIBANK
DHREBT EBT306EP-02 MTHLY CB REPAY	MONTHLY REPAYMENTS FROM CITIBANK
DHREBT EBT380- RC FEE SUMMARY	FEE/CREDIT FEE SUMMARY REPORT
DHREBT EBT380-AS CARD REPL SUMY	CARD ISSUANCE/REPLACEMENT SUMMARY REPORT
DHREBT EBT380-BD PIN ATTEMPT	EXCEEDED PIN ATTEMPTS REPORT
DHREBT EBT380-BF MANUAL TRANS	MANUAL TRANSACTIONS REPORT
DHREBT EBT380-BK MTHLY ISSUANCE	MONTHLY BENEFIT DRAW DOWN TOTALS
DHREBT EBT380-BZ LOST&DMG CRD	LOST/DAMAGED/STOLEN CARD REPORT
DHREBT EBT393-BD PIN ATTEMPT	EXCEEDED PIN ATTEMPTS REPORT NC VERSION WITH WORKER NUMBER
DHREBT EBT502-01-AE ADDRESS ERR	CITY STATE ZIP CODE ERROR REPORT
DHRSL ACT QC ISS SLII- SLA487-01	ACTIVE QUALITY CONTROL SAMPLE
DHRSL CASES DUE REDETERM-SLER940	CASES DUE FOR REDETERMINATION
DHRSL EXPED OVER 5 SLEM385-01	OVERDUE APPLICATIONS PROCESSED USING EMERGENCY SERVICE STANDARDS
DHRSL FOOD STAMPS RECOUPMENTS	RECOUPMENTS
DHRSL FOOD STAMP ACTIVE	ACTIVE QUALITY CONTROL SAMPLE
DHRSL FOOD STAMP NEGATIVE	NEGATIVE QUALITY CONTROL SAMPLE
DHRSL FOOD STAMP SUPPLEMENTAL	ACTIVE QUALITY CONTROL SAMPLE
DHRSL NEG QC ISS SLII- SLA486-01	NEGATIVE QUALITY CONTROL SAMPLE
DHRSL NOA TAK-DEN/PEN-SLER332-01	NOTICES OF ACTION TAKEN (DENIAL OR ENDING)
DHRSL NOA TAK-ELIGIBI-SLER432-01	NOTICES OF ACTION TAKEN ELIGIBILITY
DHRSL OVER 30 NOA SLEMU385-ET	OVERDUE APPLICATIONS PROCESSED USING NORMAL PROCESSING STANDARDS
HRSL POS QC ISS SLII- SLA487-01	ACTIVE QUALITY CONTROL SAMPLE
DHRSL REDETERMINATION DUE/REV CH	REDETERMINATIONS DUE AND REVIEW FOR CHANGE
DHRSL REGULATORY DELAY-SLA021-01	CASES PROCESSED WITH REGULATORY DELAY
DHRSL REOPENED RECERT-SLA022-01	REOPENED RECERTIFICATIONS

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Report Access Code	English Text Report Name
DHRSL REST LOST BENEFI-SLA006-01	RESTORATION OF LOST BENEFITS
DHRSL SLEM555-EBT MON ISS - EBT	MONTHLY ISSUANCE REPORT - EBT COUNTIES
DHRSL SLEM910-01 WORKLD/WK/CO/ST	WORKLOAD REPORT BY WORKER-COUNTY/STATE
DHRSL SLEM960-01 APPL NORMAL PRO	APPLICATIONS PROCESSED USING NORMAL PROCESSING STANDARDS (Regional Report)
DHRSL SLEM960-02 APPL EMERG SERV	APPLICATIONS PROCESSED USING EMERGENCY SERVICE STANDARDS (Regional Report)
DHRSL SLEN555-01 DAILY ISSUANCE	DAILY ISSUANCE REPORT EBT COUNTIES
DHRSL SLER700-01 SSI/SSA MASS CH	THIS IS A MASS CHANGE FOR THE SSI/SSA COLA. NON PROJECT CASES
DHRSL SPECIAL ISS TYPES BY REAS	SPECIAL ISSUANCE TYPES BY REASON
DHRSL SUP QC ISS SLII- SLA487-01	ACTIVE QUALITY CONTROL SAMPLE
DHRSLA CROSS REF PRSN ID UPDATE	CROSS REFERENCE PERSON ID UPDATE
DHRSLA FS FINALIST A/R CASES	FINALIST AUTHORIZED REPRESENTATIVE ADDRESS AUDIT REPORT
DHRSLA FS FINALIST ADTC CASES	FINALIST DRUG TREATMENT CENTER ADDRESS AUDIT REPORT
DHRSLA FS FINALIST IND CASE	FINALIST INDIVIDUAL CASE ADDRESS AUDIT REPORT
DHRSLA SLA021-2-BH REGULATRY DEL	CASES WITH DELAYED PROCESSING (Regional Report)
DHRSLA SLA161-01-MU WRK FRST NOX	NOTICE OF EXPIRATION
DHRSLA SLA162-02-MW UNCOMBD CASE	REPORT OF CASES UNCOMBINED SUCCESSFULLY
DHRSLA SLA163-01-MX CHGS PROCESS	WORKFIRST CHANGES PROCESSED REPORT
DHRSLA SLA165EP-01-WV WF NEW EIS	DAILY WF NEW TRANSACTIONS RECEIVED FROM EIS
DHRSLA SLA165EP-02-WV WF CHG EIS	DAILY WF CHANGE TRANSACTIONS RECEIVED FROM EIS
DHRSLA SLA162-01-MV COMBIND CASE	REPORT OF CASES COMBINED SUCCESSFULLY
DHRSLA SLA172-01-IW MEDCR MASSCH	MEDICARE PREMIUM MASS CHANGE CASES WITH UPDATED ALLOTMENT
DHRSLA SLA180-01-NM MEDCR MASSCH	MEDICARE PREMIUM MASS CHANGE EXCEPTION REPORT
DHRSLA SLA204EP-1-NK WF DUPL SSN	WORK FIRST AUTOMATIC FOOD STAMPS DUPLICATE SSN REPORT
DHRSLA SLA205EP-1-NL WF DUPL IDS	WORK FIRST AUTOMATIC FOOD STAMPS DUPLICATE ID NUMBER

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Report Access Code	English Text Report Name
DHRSLA SLA237EP DEP TURN 2 YEARS	DEPENDENTS TURNING TWO YEARS OLD THIS MONTH
DHRSLA SLA260-01-ML NEW CASE EX	WORKFIRST AUTOMATIC FOOD STAMPS DAILY CASE NEW TRANSACTIONS EXCEPTION REPORT
DHRSLA SLA260-02-MR NEW CASE ER	WORKFIRST AUTOMATIC FOOD STAMPS DAILY CASE NEW TRANSACTIONS ERROR REPORT
DHRSLA SLA260-03-MN CHG CASE EX	WORKFIRST AUTOMATIC FOOD STAMPS DAILY CASE CHANGE TRANSACTIONS EXCEPTION REPORT
DHRSLA SLA260-04-MS CHG CASE ER	WORKFIRST AUTOMATIC FOOD STAMPS DAILY CASE CHANGE TRANSACTIONS ERROR REPORT
DHRSLA SLA303EP-01-MM NEW ADQ NO	WORKFIRST AUTOMATIC FOOD STAMP REPORT OF NEW ADEQUATE NOTICES
DHRSLA SLA304EP-01-MO CHG ADQ NO	WORKFIRST AUTOMATIC FOOD STAMPS REPORT OF ADEQUATE AND TIMELY CHANGED NOTICES
DHRSLA SLA415EP AUTH REP/FS CASE	AUTHORIZED REPS / ACTIVE FSIS CASES
DHRSLA SLA453EP-01-MY COMB CASE	LIST OF COMBINED CASES FSIS & EIS CASE NUMBERS
DHRSLA SLA491EP-01-FS DEPCARE2YR	DEPENDENT CARE CASES (WITH TWO YEAR OLDS) WITH RECOMPUTED BENEFITS
DHRSLA SLA868-01-68 FSIS ID ASGN	FSIS CASES ASSIGNED TO AUTHORIZED REPRESENTATIVES
DHRSLA SLA868-02-71 CASE IN ADTC	FSIS CASES ASSIGNED TO DRUG TREATMENT CENTERS
DHRSLA SLA869-01-69 REPS OFF PRO	AUTHORIZED REPS COMING OFF PROHIBITED STATUS
DHRSLA SLA869-02-72 REPS ON PRO	AUTHORIZED REPS BECOMING PROHIBITE
DHRSLA SLA870-01-80 FSIS IN/OUT	FSIS CASES ENTERING OR LEAVING DRUG CENTER
DHRSLA SLCM030-01-BE RECOUP ADJU	RECOUPMENT ADJUSTMENTS AND EXCEPTIONS REPORT
DHRSLA SLEM020-03-BU EMPL & TRNG	EMPLOYMENT & TRAINING
DHRSLA SLEM020-04 BV EMPL & TRNG	EMPLOYMENT & TRAINING
DHRSLA SLEM020-05 BW EMPL & TRNG	EMPLOYMENT & TRAINING
DHRSLA SLER100-01-10 APPL PEND	PENDING APPLICATIONS AND EMERGENCY CASES SORTED IN CTY, ADM, APPL-DATE & WORKER NUMBER ORDER
DHRSLA SLER100-01-40 AP PND WKR	PENDING APPLICATIONS AND EMERGENCY CASES SORTED IN CTY, ADM, WORKER NUMBER & APPL-DATE ORDER
DHRSLA SLER100-02-BA PENDING APP	PENDING APPLICATIONS AND EMERGENCY CASES BY REGION

Report Access Code	English Text Report Name
DHRSLA SLER100-03-DE PND APP DUE	APPLICATIONS DUE TODAY

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DHRSLA SLER671-01-DC DLY RECOUPM	RECOUPMENTS <i>(Daily Recoupments)</i>
DHRSLA SLER750-01-DW COMM AUTHOR	TOTAL AUTHORIZATION CARDS PER ZIP CODE
DHRSLA SLER750-02-DX USDA COMMOD	USDA COMMODITY CARD LIST BY ZIP CODE
DHRSLA SLER755-01-DY COMM DISTRB	COMMODITY DISTRIBUTION LIST FOR
DHRSLA SLER800-01-BC CASEINFO PF	CASE INFORMATION PROFILE
DHRSLA SLER800-04-KW CIP PRJ/NPT	CASE INFORMATION PROFILE CIP PROJECT NON-PARTICIPANTS

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200.01 NAME/SSN SEARCH AND INDIVIDUAL ID ASSIGNMENT

This function is used to search the Common Name Database for existing Individual ID s and Individual ID assignment.

A. Name Search Access Procedure

From a blank screen, key SLNS. Press Enter. The following screen is displayed.

SLNS / SLA980A		COMMON NAME DATA ENTRY SSN/NAME SEARCH		DATE: 10/09/97 TIME: 09:42:45	
CASE ID					
F	SSN	FIRST M	LAST	SUF	DOB S R CO INDIVIDUAL SSI
-	-----	-----	-----	--	----- - - --
ENTER CASE ID OR INDIVIDUAL DATE AND (S) TO NAME SEARCH					
F - (S)EARCH (A)SSIGN		PF3-END		PF5-REFRESH	
		PF7-BACKWARD		PF8-FORWARD	

B. Screen Description

1. CASE ID - Enter the FSIS case ID to view individuals included/associated with that FSIS case.
2. F - Function

Key one of the following:

S - Search
Key an S to complete a social security number (SSN) or name search.

A - Assign
Key an A to assign an Individual ID to an individual after a name and social security search (if available) has been completed.
3. FIRST M LAST - Name Fields
4. SUF - Name Suffix
5. DOB - Date of Birth (Must enter MMDDCCYY -> 09211957)
6. S - Sex - M (Male) or F (Female))
7. R - Race
8. CO - County Number - If entered, the search is made on the individuals in that county only. To ensure a thorough search, do not enter the county number. A statewide search is then completed based on the search criteria entered.

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200.01 B (CONT'D)

9. INDIVIDUAL - Individual ID - (Do not key in this field.) The Individual ID displays when an individual is selected as a match from the list of potential matches or Individual ID assignment is performed.
10. SSI - SSI Indicator - (Do not key in this field.) The SSI Indicator displays when an individual is selected as a match from the list of potential matches.

Y - This person receives SSI.

N - This person does not receive SSI.
11. Press PF3 to end the SSN/Name Search function.
12. Press PF5 to refresh (clear) the SSN/Name Search screen.
13. Press PF7 to page backward from a list of potential match ID s.
14. Press PF8 to page forward from a list of potential match ID s.

C. Name Search Only

This function is used to identify an existing Individual ID. Up to thirteen (13) individuals may be listed and searched from one Name Search screen.

1. Enter S in the F (Function) column.
2. Enter a minimum of first name, last name, and sex code; however, to narrow the search, enter date of birth, and the social security number.
3. Enter county number to search ID s in a specific county.
4. Press Enter.
5. FSIS displays a list of potential match ID s.

D. Social Security Number (SSN) Search Only

This function is used to identify individuals with the same Social Security Number. Up to thirteen (13) individuals may be listed and searched from one Name Search screen.

1. Enter S in the F (Function) column.
2. Enter the SSN in the SSN column.
3. Press Enter.
4. FSIS displays a list of potential match ID s.

200.01 (CONT'D)

E. Name/Social Security Number Search and Individual ID Assignment

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Use this function to do a complete Name Search. You may identify an existing Individual ID or assign a new ID. When completing Name Search for an application, you may search all individuals, up to thirteen (13), from one Name Search screen.

The minimum data to assign an individual ID is the first name, last name, date of birth, race, and sex code. Examples of names are outlined below. Further, no assignment of an individual ID is allowed with a social security number that is already present in the Common Name Database.

EXAMPLES:

Incorrect	Correct
Rip Van Winkle	Rip VanWinkle
Sarah B. Jones	Sarah B Jones
John Al-Amin	John AlAmin
B. Smith Jr.	B Smith Jr
Maria Rivero Gonzales	Maria RiveroGonzales

1. Enter S in the F (Function) column. If more than one individual listed, enter S for each individual.

SLNS / SLA980A		COMMON NAME DATA ENTRY SSN/NAME SEARCH				DATE: 10/09/97 TIME: 14:38:23					
CASE ID:											
F	SSN	FIRST	M	LAST	SUF	DOB	S	R	CO	INDIVIDUAL	SSI
-	-----	-----	-	-----	-	-----	-	-	--	-----	----
s	111111111	name		search		10091952f	w				
s		number		assigned		10091954f	w				
ENTER CASE ID OR INDIVIDUAL DATA AND (S) TO NAME SEARCH F - (S)EARCH (A)SSIGN PF3-END PF5-REFRESH PF7-BACKWARD PF8-FORWARD											

2. Enter, at a minimum, first name, last name, date of birth, race code, and sex code. Enter the SSN, if available. If an individual has had multiple names, complete a name search using each name.

NOTE: IT IS MOST IMPORTANT THAT THE SEX CODE AND FIRST LETTER OF THE LAST NAME ARE KEYED CORRECTLY TO ENSURE A PROPER NAME SEARCH.

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200.01 E. (CONT'D)

- DO NOT ENTER A COUNTY NUMBER. If you are performing Name Search for an application, a statewide search is required, even if there may be an existing Individual ID. You **CANNOT** assign an Individual ID if you enter a county number.

Enter the necessary information following instructions listed above. Press Enter. FSIS searches one individual at a time, beginning with the individual on the first line. FSIS uses the data entered to screen each individual against all individuals in the Common Name Database. The individual may have FSIS case history, EIS history, or both. Only FSIS case history displays in Name

Search through FSIS. You must inquire in EIS to view EIS history. You can identify an ID having EIS history and/or FSIS case history if a county number is displayed under ES CO (EIS) and/or FS CO (FSIS).

You may use any Individual ID assigned to an individual. If an individual has more than one ID and one ID has EIS history, always use the ID that has the EIS history. If no ID has EIS history but has multiple FSIS ID s, use the most current ID unless associated with a claim.

FSIS displays the following screen. When the Social Security Number is entered as part of the search criteria, FSIS completes name and SSN search at the same time. Individuals who match on SSN display first, then individuals who match on name and date of birth within 5 years. Only the first 120 potential matches display. When there are more than one page of potential matches, press PF8 to page forward one screen. Press PF7 to page backward to a previous screen.

SLNS / SLA980B		***** NAME/SSN SEARCH *****				PAGE		01 OF 01			
FIRST-NAME	MI	LAST-NAME	SUF	BIRTH-DATE	SSN	RACE	SEX	CO	NO		
NAME		SEARCH		10091952	111111111	W	F				
***** 004 M A T C H E S ***** 10/09/97 *****											
S	FIRST-NAME	MI	LAST-NAME	SUF	DOB	IND-ID	R	S	ES	FS	
-	-----	--	-----	----	---	-----	-	-	--	--	-----
	NAME		SEARCH		05291950	111111111O	W	F	34	34	111111111 N
	AUGUSTINA		HOORAY		08141966	121111111R	O	F		60	111111111 N
	PRISCILLA		CURTAINS		01011995	131111111O	O	F		60	111111111 N
USE (S) FOR MORE INFORMATION - PRESS ENTER						PF2-END		PF3-PREVIOUS			
USE (X) FOR MATCHED INDIVIDUAL - PRESS PF3						PF7-BACKWARD		PF8-FORWARD			

- From this screen you could identify the individual you are searching for, determine that an individual ID must be assigned, or determine that more research is needed.

➡ PF2 ENDS THE NAME SEARCH FUNCTION

➡ PF3 RETURNS YOU TO THE POTENTIAL MATCHES SCREEN

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➡ PF4 RETURNS YOU TO THE INITIAL SSN/NAME SEARCH SCREEN

- If you have identified the individual you are searching for, enter an X in the S (Select) column beside the matched individual and press PF3. FSIS returns you to the initial SSN/Name Search screen along with the demographic data from the Common Name Database.
- If you have determined that an individual ID must be assigned, press PF3. FSIS returns you to the initial SSN/Name Search screen. Enter an A to the left of the individual under F (Function) for which you wish to assign a new ID. Press Enter.
- If you have determined that more research is needed, enter S under S (Select) column to view the FSIS Case Information List. Press Enter. FSIS displays the following screen.

SLNS / SLA980C	FSIS CASE INFORMATION				PAGE	PAGE 01 OF 01			
FIRST-NAME NAME	M	LAST-NAME SEARCH	SUF	BIRTH-DATE 10091952	SSN 111111111	RACE W	SEX F	CO 26	NO
***** ACTIVE/INACTIVE CASE INFORMATION FOR 901473192M INDIVIDUAL-ID *****									
S	FIRST-NAME NAME	M	LAST-NAME SEARCH	SUF	DOB 09031913	IND-ID 111111110	R	S B	SSN 111111111
-									FSIS-ID 222222222
									C A
									I I
USE (S) FOR MORE INFORMATION - PRESS ENTER PF2-END PF3-PREVIOUS PF4-SLA980A PF7-BACKWARD PF8-FORWARD									

- Enter S in the S (Select) column to view the FSIS case you wish to view. The C field indicates whether the **case** is active (A) or inactive (I). The I field indicates if the individual is part of the case. If an N is present, the individual is not part of the case. The SLIN - Food Stamp Inquiry screen is displayed.

➡ PF2 ENDS THE NAME SEARCH FUNCTION

➡ PF3 RETURNS YOU TO THE POTENTIAL MATCHES SCREEN

➡ PF4 RETURNS YOU TO THE INITIAL SSN/NAME SEARCH SCREEN

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200.01 (CONT'D)

SLIN - FOOD STAMP INQUIRY			PAGE 1 OF 2 11112
ID NUMBER 22222222	3NAME	NAME SEARCH	GEO ADM CO 3400
TRAN CODE 6 FOH N	ADDRESS-1	1632 E 24TH ST	ACTION CODE 00
TRAN DATE 063097	ADDRESS-2		APPL DATE 063097
CERT FROM 0797	CTY/STATE	WINSTON SALEM NC	CERT THRU 0997
SEX/RACE 25	ZIP CODE	27105	MRRB STA 0
TYPE ISS 3	HH TYPE	2	TOTAL HH 01
WORKER 248	RECD NBR	044	E & T
AFDC-1	AFDC-2	AFDC-3	ADEQ NOTICE
CTY CS# 0051356	VUL/TYPE	VF	CLAIM 0
HH RESRV 0000000	PRO ALLOT		REG DELAY
RENT/MOR 00000	RE TAXES	00000	HH INS 00000
UTL TYPE 0	OTHR EXP	00000	TTL SHLTR 0000
E IDED 0000	NET EARN D	0000	OTHER INC 0000
STD DED 134	ADJ INC	0000	DEP CARE 0000
EXCS SHLT 0000	EXPENSE	0000	NET ADJ 0000
# REQ MBR 01	TFP	0120	BEN REDU 0000
RESTR RSN 00	ALLOTMENT	0120	\$2 BOOKS 00
\$10 BOOKS 00	\$40 BOOKS	03	\$50 BOOKS 00
RVW DATE1 0000	RVW TYPE1	0	RVW DATE2 0000
MAIL CODE 05	EXPEDITE	0	PRV ID 000000000
PROJ CODE EIS CASE ID	ENTER P/X TO VIEW DEPENDENTS (X=PAGE TO VIEW)		
CP 0 INTVW MONTH 00	ENTER-CONTINUE		PF2-SLA980A PF3-PREVIOUS

- e. From this screen, you may view dependents on the case by entering P/2, PF2 to return to the initial SSN/Name Search screen, or PF3 to return to the FSIS Case Information screen within the Name Search function.

The SLIN - Dependent Inquiry screen is displayed below:

SLIN - DEPENDENT INQUIRY										PAGE 2 OF 2
MM	SSN	V	NAME	DOB	IN W	EARN T	PA T	SS	ASI	
01	111111111	V	NAME SEARCH	0529950	A	X	0000	0 000	0 0000	I
ID	111111110		DEP CARE 000	LSO 0000	RACE W	SEX F	OTHR 0000	T1 0	T2 0	
ENTER P/X TO VIEW DEPENDENTS (X = PAGE TO VIEW)										

- f. From this screen, you may view the case by entering P/I, PF2 to return to the initial SSN/Name Search screen, or PF3 to return to the FSIS Case Information screen within the Name Search function.
- g. Continue the process until you have researched each individual entered on the initial SSN/Name Search screen. When each individual on the initial SSN/Name Search screen has been searched and matched information or an A is displayed for the individual(s), press Enter.
- (1) FSIS displays a message ENTER ADDITIONAL INFORMATION OR PF1 TO ASSIGN INDIV ID.

Change # 1- 2001	FSIS NAME/SSN SEARCH/ID ASSIGNMENT NAME CHANGE	September 1, 2001
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- (a) If you entered an A to assign an individual ID, FSIS assigns an ID and displays it on the screen.
- (b) If you had a matched individual, FSIS updates with the match ID.

NOTE: NO ASSIGNMENT OF AN INDIVIDUAL ID IS ALLOWED WITH A SOCIAL SECURITY NUMBER THAT IS ALREADY PRESENT IN THE COMMON NAME DATABASE.

- (2) FSIS displays the message UPDATE COMPLETE-CONTINUE.
- (3) FSIS retains the name, date of birth, race code, sex code, and SSN already associated with that individual in the Common Name Database. If any of this data needs to be changed, use the Name Change function after completing the Name Search ID assignment process for the group.

NOTE: PRESS PF3 BEFORE PRESSING PF1 TO EXIT NAME SEARCH WITHOUT UPDATING.

PRESS PF5 BEFORE PRESSING PF1 TO REFRESH (CLEAR) THE NAME SEARCH SCREEN WITHOUT UPDATING.

F. Inquiry Of Active/Inactive Individuals Associated with a FSIS Case ID

This function is used to identify all individuals (with individual ID numbers) associated with the same FSIS Case ID.

From the SSN/Name Search screen, enter the FSIS Case ID by the CASE ID field. Press Enter. FSIS displays the following screen listing the individuals associated with the case.

SLNS / SLA980A		COMMON NAME DATA ENTRY SSN/NAME SEARCH				DATE: 10/10/97 TIME: 11:48:42				
CASE ID: 246886045										
F	SSN	FIRST	M	LAST	SUF	DOB	S	R	CO	INDIVIDUAL SSI
-	-----	-----	-	-----	---	-----	-	-	--	-----
I	111111111	NAME		SEARCH		05291950	F	B	34	111111111O N
I	000000000	JOB		SEARCH	SR	01011900	M	O	34	121111111Q N
<p>ENTER CASE ID OR INDIVIDUAL DATA AND (S) TO NAME SEARCH</p> <p>F - (S)EARCH (A)SSIGN PF3-END PF5-REFRESH</p> <p>PF7-BACKWARD PF8-FORWARD</p>										

200.02 NAME CHANGE FUNCTION

A. General Information

Change # 1- 2001	FSIS NAME/SSN SEARCH/ID ASSIGNMENT NAME CHANGE	September 1, 2001
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1. Changes to an individual s name, race, sex, date of birth, and social security number are made in the Common Name Database using the Name Change function.
2. The CURRENT field, SSI indicator, FSIS COUNTY, and EIS COUNTY are **display only** fields. You cannot change them on this screen.
3. You may not change ANY data for an individual whose SSI indicator is Y . If you attempt to change data, FSIS displays an error message: INDIVIDUAL CANNOT BE UPDATED DUE TO SSI.
4. You may key multiple changes for an individual on the same day; however, you may enter only one change at a time.

B. Name Change Access Procedures

From a blank screen, enter SLNC. Press Enter. The following screen is displayed.

SLNC/SLA985A	COMMON DATA NAME CHANGE	DATE: 10/11/97 TIME: 08:00:00
INDIVIDUAL ID: WORKER NUMBER:	CURRENT -----	CHANGE -----
SSN: FIRST NAME: MIDDLE NAME: LAST NAME: SUFFIX: DOB: RACE: SEX:		
SSI: EIS COUNTY: FIS COUNTY:		
ENTER INDIVIDUAL ID AND WORKER NUMBER ENTER-PROCESS REQUEST	PF3-END	PF5-REFRESH

➡ **PRESS PF3 TO END NAME CHANGE FUNCTION**

➡ **PRESS PF5 TO REFRESH (CLEAR) THE NAME CHANGE SCREEN**

C. Name Change Instructions

1. Enter the Individual ID of the person whose data you wish to change in the INDIVIDUAL ID field. Enter your WORKER NUMBER. Press Enter. FSIS displays the individual s current data from the Common Name Database.

SLNC/SLA985A	COMMON DATA NAME CHANGE	COMMON DATA TIME: 08:00:00
INDIVIDUAL ID: WORKER NUMBER:	111111110 123 CURRENT -----	CHANGE -----

Change # 1- 2001	FSIS NAME/SSN SEARCH/ID ASSIGNMENT NAME CHANGE	September 1, 2001
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SSN:	111111111
FIRST NAME:	NAME
MIDDLE NAME:	
LAST NAME:	SEARCH
SUFFIX:	
DOB:	05291950
RACE:	W
SEX:	F
SSI:	N
EIS COUNTY:	34
FIS COUNTY:	34
ENTER INDIVIDUAL ID AND WORKER NUMBER	
ENTER-PROCESS REQUEST	PF3-END PF5-REFRESH

2. Under the CHANGE column, enter the new data.

- a. NAME CHANGE - This function is used to change individual demographic data in the Common Name Database.

NOTE: CHANGING DATA ON AN INDIVIDUAL ID CHANGES THE SAME DATA ON ACTIVE CASES FOR THE INDIVIDUAL IN FSIS AND EIS, AS WELL AS PENDING FORMS IN EIS. DO NOT CHANGE DEMOGRAPHIC DATA WITHOUT COORDINATING WITH ANY OTHER WORKERS INVOLVED.

- (1) Enter letters only in the spaces provided.
- (2) Do not space between letters in a name.
- (3) Do not abbreviate.
- (4) Do not punctuate.
- (5) To delete the middle initial or suffix, enter an asterisk (*) in the field.
- (6) If the length of the name exceeds the space available for first or last name, drop the ending letters.

Change # 1- 2001	FSIS NAME/SSN SEARCH/ID ASSIGNMENT NAME CHANGE	September 1, 2001
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200.02 (CONT'D)

EXAMPLES:

Incorrect	Correct
Rip Van Winkle	Rip VanWinkle
Sarah B. Jones	Sarah B Jones
John Al-Amin	John AlAmin
B. Smith Jr.	B Smith Jr
Maria Rivero Gonzales	Maria RiveroGonzales

- b. DATE OF BIRTH - Enter a two digit month, two digit day, and four digit year (09151957).
- c. SEX - Enter F (Female) or M (Male).
- d. RACE - Enter one of the following:

CODE	VALUE
A	Asian
B	Black
H	Hispanic
I	American Indian
W	White
O	Other

- 3. Once the changed data has been keyed, press ENTER. A message appears to press PF1 to confirm change. If error free, FSIS displays the message: UPDATE COMPLETE.
- 4. Error Messages:

SSN ALREADY ON FILE

The SSN you have entered is already in the Common Name Database in another individual ID. Check to ensure the correct number is entered.

INDIVIDUAL DID NOT COMPLETE NAME CLEARANCE

Ensure the ID number is entered correctly. If so, change only one item at a time, for example first name, date of birth, etc.

- 5. FSIS updates the individual data on the:
 - a. Common Name Database (immediately),
 - b. FSIS active case (immediately),
 - c. EIS case and individual segments in EIS. The EIS case/individual data updates in the overnight process.
- 6. An 8590 is produced the night the change is made and mailed to the county the next workday.

Change # 1- 2001	FSIS NAME/SSN SEARCH/ID ASSIGNMENT NAME CHANGE	September 1, 2001
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7. EIS Changes

When an individual with the same Individual ID is in EIS and FSIS, changing an individual s name, race, sex, date of birth, or social security numbers in one system automatically changes it in the other.

Change # 1-2001	VERIFICATION INQUIRIES BENEFICIARY DATA EXCHANGE (BENDEX)	September 1, 2001
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301.01 GENERAL INFORMATION

The Beneficiary Data Exchange (BENDEX) System is a monthly computer match by social security numbers (SSN s) between the public assistance case files and Social Security records. All recipients with valid SSN s entered on the DSS-8124, DSS-8125, DSS-8126, or DSS-8590 are included in the match. The match is used to verify RSDI benefits in determining eligibility for various public assistance programs. The BENDEX provides:

- A. Timely adjustment of assistance after a reported change in RSDI benefits.
- B. Reduction in processing time due to less frequent use of the SSA-1610 (Information Request and Report) and DSS-1639 (Assistance and Services Referral Form).

301.02 BENDEX UPDATES

- A. When an individual becomes eligible for public assistance:
 - 1. The State Office sends the individual s information to the Social Security Administration (SSA) in Baltimore, Maryland. SSA matches the individual with their files and submits information twice monthly to the State Office; **and**
 - 2. On-line BENDEX is updated by the files; **and**
 - 3. An individual BENDEX Information Sheet is printed at initial entrance into the BENDEX System.
- B. On-line BENDEX is updated, and a BENDEX Information Sheet is produced when one of the following occurs:
 - 1. A recipient first receives Social Security; **or**
 - 2. Benefits increase or decrease; **or**
 - 3. Hospital benefits change; **or**
 - 4. He becomes entitled to Supplemental Medicare B insurance; **or**
 - 5. There is any other change in the SSA s Master Beneficiary Records.

301.03 BENDEX INFORMATION SHEET

The BENDEX Information Sheet is an 8 x 11 printout to be filed in the case record. For assistance in understanding the terminology used on the printout, please refer to the definition listing at the end of this section.

The printout contains:

- A. Today s Date The date the BENDEX sheet is printed.
- B. BENDEX Date The date in the upper right corner is the State processing date. SSA changes are effective the month following that date.

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- C. County The individual s county of actual residence.

- D. Aid Program/Category A one-letter alpha character to designate the public assistance program and a two-letter alpha character to designate the aid category.

- E. District The three-digit county district number.

- F. Individual ID A unique ten-digit number ending with an alpha character that is assigned to each individual in EIS.

- G. Casehead/Payee Name The name of the casehead/payee of the EIS case.

- H. Case ID An eight-digit number assigned by EIS when an application is entered into the system or a nine-digit number assigned by FSIS when the application is entered.

- I. Case No. The six-digit county case number in EIS or FSIS.

- J. Date Current Entiti A four-digit field indicating the month and year the beneficiary became entitled to benefits for the current period of entitlement.

- K. Beneficiary Name of the beneficiary that matches with the State s file.

- L. Current Claim No. The recipient s SSA claim number under which he receives benefits according to SSA files. (Refer to 3400.10 below for an explanation of the suffixes.)

- NOTE:** It is possible for a person to receive benefits from another person s account number, (For example: Wife s benefits, widow s benefits) or to be entitled under two or three SSN s at the same time. (For example: Recipient s own number (A) and deceased husband s account number (D) 0. These are listed on separate BENDEX sheets. BENDEX sheets are produced if these SSN s are in EIS or FSIS.

- M. Current Payment Amount: A six-digit field indicating the monthly benefit amount **paid** to the beneficiary.

- N. Gross Amt. Payable: A six-digit field indicating the money amount payable prior to deductions for SMI premium, overpayment, or attorney fees. However, if garnishment is involved, this will reflect the amount after garnishment. To correctly compute the total gross payment amount, add the garnishment amount withheld to the gross amount payable.

- O. Retro Payment Amt - Indicates a large past due benefit being made in installment payments. The amount will be the monthly installment.

- P. Garnishment Amt. - The amount of money withheld from the monthly payment to satisfy a court ordered garnishment.

- Q. Net Monthly Ben. Amt: A six-digit field indicating the monthly Title II (Social Security) benefit due after rounding down but prior to collection of any obligation from the beneficiary (including SMI premium).

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- R. DDI (Direct Deposit Indicator): The type of account to which the payment is being deposited.
1. C: Checking.
2. S: Saving.
3. N: No direct deposit.
- S. Cross Refr. SSN: The SSN on which actual or potential entitlement exists.
- T. Cross Refr BIC: The Beneficiary Identification Code indicating the type of other Title II benefit.
- U. Dual Entit. SSN: The other claim account number (CAN) under which the beneficiary is entitled to Title II benefits.
- V. Dual Entit. BIC: The Beneficiary Identification Code indicating the type of benefit to which the beneficiary is dually entitled or has technical entitlement.
- W. Triple Entit. SSN: The CAN on which the other entitlement exists for Title II benefits.
- X. Triple Entit. BIC: The Beneficiary Identification Code indicating the type of other benefit to which the beneficiary is entitled.
- Y. SSA Information: This section provides information on payment status, date of disability onset, proof of birth, and Medicare entitlement, in addition to other messages.
- Z. Initial Date of Entitlement: The initial date the individual is eligible for Title II benefits on the claim number shown (MM/DD/CCYY).
- AA. SMI Information
1. SMI (Medicare B) Option: This indicates whether the individual receives Medicare B or the reason he does not.
2. SMI (Medicare B) Entitlement Date: This is the MMCCYY current date of entitlement to Medicare B.
3. SMI Premium Payer: This message identifies the premium payer. Entries are Civil Service, Private Third Party billing, Self, or State Buy-In. The State Buy-In is indicated by the State ID numbers listed at the back of this section. North Carolina s State ID code is 340.
4. SMI Premium Amount: This is the current Medicare B premium amount collectible. The amount is deducted from benefits if the premium payer is Self.
5. SMI 3rd Party Entit. Date: The date for which a third party accepted liability for Medicare B premiums.
6. SMI 3rd Party Term Date: The last month for which a third party accepted liability for Medicare B premiums. The third party has paid Part B premiums due for the month indicated.
- BB. The following fields display only if applicable.

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1. Messages: Informational messages appearing on the lower part of the sheet.
2. Blk. Lung Acct. No.: The coal miner s SSN under which Black Lung payments are being made.
3. ID: A code indicating the type of Black Lung beneficiary receiving payment. Listed below are the codes.
 - a. LM: Miner
 - b. LS: Wife of miner.
 - c. LT: Widow of miner.
 - d. LX: Divorced widow of miner.
 - e. L1-L9: Children of miner.
 - f. P1: Natural father of miner.
 - g. P2: Natural mother of miner.
 - h. P3: Adoptive father of miner.
 - i. P4: Adoptive mother of miner.
 - j. P5: Stepfather of miner.
 - k. P6: Stepmother of miner.
 - l. S1, 3, 5, 7: Brothers of miner.
 - m. S2, 4, 6, 8: Sisters of miner.
4. Black Lung Entit. Status - Present entitlement status of the Black Lung benefit:
 - a. E - Entitled.
 - b. N Non-payment status.
 - c. P - Entitlement pending.
 - d. T - Terminated.
 - e. D - Deceased.
5. BLK Lung Pmt Amt - Black Lung monthly payment amount. Amounts paid to a miner or widow include all benefits due the family in the same household.
6. BLK Lung Ent./Term. Date - If entitlement status is E, the date the first Black Lung payment was made. If entitlement status is T, the month following the month of the last payment.
7. Railroad Claim Number - The alpha/numeric railroad retirement benefit claim number. This number cannot be used to access BENDEX.
8. Monthly Overpayment Ded. Amt - Monthly amount withheld from the benefit to repay an overpayment.
9. Ending Date for OP - The month and year that recovery for overpayment ceases. Benefits resume at the full rate the following month.

Change # 1-2001 **VERIFICATION INQUIRIES**
BENEFICIARY DATA EXCHANGE (BENDEX) **September 1, 2001**

BENDEX DATA EXCHANGE INFORMATION		TODAYS DATE NN/NN/NNNN BENDEX DATE NN/NN/NNNN
TRANSYLVANIA COUNTY (NN)		
AID PROGRAM/CATEGORY X XX DISTRICT NNN INDIVIDUAL ID NO. NNNNNNNNNX		
CASEHEAD/PAYEE NAME XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXX XXX		
CASE ID NNNNNNNNN	CASE NO XNNNNN	DATE CURRENT ENTIT NN/NNNN
BENEFICIARY XXXXXXXX X XXXXXXXXXXXXXXX		CURR CLAIM NO . NNN-NN-NNNN XX
CURRENT PAYMENT AMT N,NNN.NN	DDI X	CROSS REFR SSN NNN-NN-NNNN BIC XX
GROSS AMT PAYABLE N,NNN.NN		DUAL ENTIT SSN NNN-NN-NNNN BIC XX
NET MONTHLY BEN AMT N,NNN.NN		TRIP ENTIT SSN NNN-NN-NNNN BIC XX
RETRO PAYMENT AMT N,NNN.NN		
GARNISHMENT AMT N,NNN.NN		
SSA INFORMATION		
BENEFICIARY IN CURRENT PAY STATUS		
INITIAL DATE OF ENTITLEMENT -- NN/NNNN		
ENROLLED IN SMIB.		
SMI ENTIT DATE--NN/NNNN SMI PREM PAYER-340		SMI PREM AMT--NNN.NN
SMI 3RD PARTY ENTIT DATE-NN/NNNN		SMI 3RD PARTY TERM DATE-NN/NNNN
RECORD MATCHED.		
HIB ENTITLEMENT STATUS--AUTOMATIC ENTITLEMENT, NO PREMIUM NECESSARY.		
HIB ENTITLEMENT DATE --NN/NNNN HIB PREM AMT (IF PAYABLE) NNN.NN		
PROOF OF BIRTH --XXX(YES/NO)		
DATE OF DISABILITY ONSET -- NN/NNNN		
BENEFICIARY'S OWN SSN-- NNN-NN-NNNN		
BENEFICIARY IS ELIGIBLE FOR SSI.		
NN/NNNN-- FIRST MONTH OF ENTITLEMENT OR REDETERMINATION		
PRIOR BENEFIT AMOUNT REPORTED AS--N,NNN.NN		
DATE OF BIRTH: NN/NN/NNNN MATCHES SSA RECORDS		
BLK LUNG ACCT NO-- NNNNNNNNN ID--NN		BLK LUNG ENTIT STATUS--X
BLK LUNG PMT AMT-- N,NNN.NN		BLK LUNG ENTIT/TERM DATE-- NN/NNNN
RAILROAD CLAIM NUMBER--XXXXXXXXXXXX		
MONTHLY OVERPAYMENT DED AMT--NNN.NN ENDING DATE FOR OP--NN/NNNN		
FOR WORKER		
PLEASE INSURE THAT THE DATA DISPLAYED ABOVE IS PROPERLY REFLECTED ON FORMS DSS-8125 AND DMA-5008 AND DSS 8590.		

Change # 1-2001	VERIFICATION INQUIRIES BENEFICIARY DATA EXCHANGE (BENDEX)	September 1, 2001
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301.04 LOGON PROCEDURES

- A. To access on-line BENDEX, the terminal screen must display the message IS CONNECTED TO THE STATE NETWORK. This is the banner screen.
1. From the banner screen, key SCC4CICS. Press ENTER. The WELCOME to SCC4CICS EIS message appears at the top of the next screen. This is the RACF screen.
 2. From the RACF screen, key your RACF USERID, the BILL-CDE, and your Password. Press ENTER. A blank screen appears.
 3. Key EIS3. Press ENTER. The Primary Menu screen appears.
 4. From the Primary Menu, key Selection 05. Press ENTER. The Interface Inquiry Menu appears.

```
***** INTERFACE INFORMATION
***INQUIRY MENU *
01  BENDEX INQUIRY
02  SDX INQUIRY
03
04  TPQ INQUIRY
05  SEND TPQY REQUEST
06  SSA SOLQ
07  ESC INQUIRY
08
09
10  MASTER CLIENT INDEX
      SELECTION  KEY:      CD:
NEXT-SELECTION:  KEYS:
PRESS PF3 TO RETURN
```

5. From the Interface Inquiry Menu, key Selection 01 and the individual s SSN. Press ENTER.
6. The first BENDEX screen entitled BENDEX Data Exchange Information appears. Press PF1 to view the second page.
7. To inquire on another individual s BENDEX information, key the individual s SSN in KEY.

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(SCREEN 1)

(SCREEN 1)	
BENDEX DATA EXCHANGE INFORMATION	TODAYS DATE NN/NN/NNNN BENDEX DATE NN/NN/NNNN
TRANSYLVANIA COUNTY NN DISTRICT NNN LAST CHG DATES	NN/NN/NNNN
F-CO= NN F-DIST= NNN AID PROGRAM/CATEGORY X XX	
NAME XXXXXXXX X XXXXXXXXXXXXX INDIVIDUAL ID NO.	NNNNNNNNNN
CASE ID. NNNNNNNNN CASE NO NNNNNN DATE CURRENT ENTIT	NN/NNNN
FS CASE NNNNNNNNN FS CO-CA NNNNNN CURR. CLAIM NO	NNN-NN-NNNN X
CURRENT PAYMENT AMT N,NNN.NN DDI X CROSS REFR SSN	NNN-NN-NNNN BIC XX
GROSS AMT PAYABLE N,NNN.NN PCI N DUAL ENTIT SSN	NNN-NN-NNNN BIC XX
NET MONTHLY BEN AMT N,NNN.NN TRIP ENTIT SSN	NNN-NN-NNNN BIC XX
RETRO PAYMENT AMT N,NNN.NN	
GARNISHMENT	N,NNN.NN
SSA INFORMATION	
BENEFICIARY IN CURRENT PAY STATUS -	
INITIAL DATE OF ENTITLEMENT-- NN/NNNN	
ENROLLED IN SMIB.	
SMI ENTIT DATE--NN/NNNN	SMI PREM PAYER-340 SMI PREM AMT--NNN.NN
SMI 3RD PARTY ENTIT DATE--NN/NNNN	SMI 3RD PARTY TERM DATE--NN/NNNN
RECORD MATCHED	KEYS:
NEXT-SELECTION:	
(ALL INFORMATION HAS BEEN DISPLAYED' IS SHOWN IF NO MORE DATA)	
ENTER NEXT SELECTION	
PF1: NEXT PAGE	PF3: RETURN TO MENU

Change # 1-2001	VERIFICATION INQUIRIES BENEFICIARY DATA EXCHANGE (BENDEX)	September 1, 2001
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(SCREEN 2)

TRANSYLVANIA COUNTY NN NAME XXXXXXXX X HIB ENTITLEMENT STATUS-- HIB ENTITLEMENT DATE--NN/NN HIB 3RD PARTY ENTIT DATE--NN/NN PROOF OF BIRTH --XXX(YES/NO) BENEFICIARY'S OWN SSN--NNN-NN-NNNN BENEFICIARY IS ELIGIBLE FOR SSI DATE OF DISABILITY ONSET -- NN/NNNN CURRENT AND PRIOR 3 MONTHS PAYMENT AMOUNTS REPORTED OCT SEPT AUG JULY N,NNN.NN N,NNN.NN N,NNN.NN N,NNN.NN DATE OF BIRTH: N/NN/NNNN MATCHES SSA RECORDS BLK LUNG ACCT NO--NNNNNNNNN ID -- NN BLK LUNG ENTIT. STATUS ----- X BLK LUNG PMT AMT-N, NNN.NN BLK LUNG ENTIT/TERM DATE - NN/NNNN RAILROAD CLAIM NUMBER-- NNNNNNN MONTHLY OVERPAYMENT DED AMT-- NNN.NN ENDING DATE FOR OP-NN/NNNN NEXT-SELECTION KEYS: ALL INFORMATION HAS BEEN DISPLAYED - ENTER NEXT PF2: PREVIOUS PAGE PF3: RETURN TO MENU	BENDEX DATA EXCHANGE SSA INFORMATION DISTRICT NNN F-CO = NN AUTOMATIC ENTITLEMENT,	TODAY'S DATE: NN/NN/NNNN BENDEX DATE: NN/NN/NNNN LAST CHG DATES NN/NN/NNNN F-DIST = NNN AID PROGRAM/CATEGORY X INDIVIDUAL ID NO. NO PREMIUM NECESSARY HIB PREM AMT (IF PAYABLE) NNN-NN HIB 3RD PARTY TERM DATE--NN/NNNN
--	--	--

B. Information on the screens above.

1. These fields always appear:

- a. Today s Date - The date you are inquiring into the system.
- b. BENDEX Date - The date in the upper right corner is the State processing date. SSA changes are effective the month following that date.
- c. County - The recipient s county of residence and county number. For public assistance purposes, this is the county which is responsible for the individual.
- d. District - The three-digit county district number.
- e. Last Change Dates - These are the last two dates SSA changed this individual s record.
- f. Food Stamp County - Recipient s county of residence and county number for Food Stamps.
- g. F-Dist - The three-digit county district number for Food Stamps.
- h. Aid Program/Category - A one-letter alpha character to designate the public assistance program and a two-letter alpha character to designate the aid category.

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	<ul style="list-style-type: none"> i. <u>Name</u> - Name of beneficiary from EIS or FSIS. j. <u>Individual ID</u> - A unique ten-digit number ending with an alpha character that is assigned to each individual in EIS or FSIS. k. <u>Case ID</u> - This is the eight-digit number assigned in EIS. l. <u>Case No.</u> - This is the six-digit county case number in EIS. m. <u>Date Current Entit.</u> - A six-digit field indicating the month and year the beneficiary became entitled to benefits for the current period of entitlement. n. <u>FS Case</u> - This is the FSIS nine-digit number assigned when the application is entered into FSIS. o. <u>FS Co-Ca</u> - This is the six-digit county case number for the Food Stamp case. p. <u>Current Claim No</u> - This is the recipient s SSA claim number from which he receives benefits according to SSA files. 	
	<p>NOTE: It is possible for a person to receive benefits from another person s account number. For example: Wife s benefits, widow s benefits, or to be entitled under two or three SSN s simultaneously. For example: Recipient s own number (A) and deceased husband s account number (D).</p>	
	<ul style="list-style-type: none"> q. <u>Current Payment Amount</u> - The net monthly benefit amount which is paid to the beneficiary the month following the BENDEX Date. If there is no exchange of BENDEX data, blanks are displayed. If zeroes are present, this is the valid dollar amount reported by SSA. 	
	<ul style="list-style-type: none"> r. <u>Gross Amt Payable</u> - A six-digit field indicating the money amount payable prior to deductions for SMI premium, overpayment, or attorney fees. However, if garnishment is involved, this will reflect the amount after garnishment. To correctly compute the total gross payment amount, add the garnishment amount withheld to the gross amount payable. 	
	<ul style="list-style-type: none"> s. <u>Net Monthly Ben. Amt</u> - A six-digit field indicating the monthly Title II (Social Security) benefit due after rounding down but prior to collection of any obligation from the beneficiary (including SMI premium). 	
	<ul style="list-style-type: none"> t. <u>Retro Payment Amt</u> - Indicates a large past due benefit being made in installment payments. The amount will be the monthly installment. 	
	<ul style="list-style-type: none"> u. <u>Garnishment Amt.</u> - The amount of money withheld from the monthly payment to satisfy a court ordered garnishment. 	
	<ul style="list-style-type: none"> v. <u>DDI (Direct Deposit Indicator)</u> - The type of account to which the payment is being deposited. 	

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	<ul style="list-style-type: none"> 1. C: Checking account 2. S: Savings account 3. N: No direct deposit 	
	<ul style="list-style-type: none"> w. <u>PCI (Payment Cycle Indicator)</u> - Indicates when the check was released. <ul style="list-style-type: none"> 1 - Third of the month 2 - Second Wednesday of the month. 3 - Third Wednesday of the month. 4 - Fourth Wednesday of the month. x. <u>Cross Refr SSN</u> - The SSN on which actual or potential entitlement exists. y. <u>Cross Refr BIC</u> - The type of other Title II benefit. z. <u>Dual Entit SSN</u> - The other Claim Account Number (CAN) under which the beneficiary is entitled to Title II benefits. aa. <u>Dual Entit BIC</u> - The type benefit to which the beneficiary is dually entitled or has technical entitlement. bb. <u>Triple Entit SSN</u> - The Claim Account Number (CAN) on which the other entitlement exists for Title II benefits. cc. <u>Triple Entit BIC</u> - The type of other benefit to which the beneficiary is entitled. 	
2.	<p>These messages may or may not appear. SSA often sends information codes. If a code is present, the State translates it into the applicable message appearing on the screen.</p> <ul style="list-style-type: none"> a. <u>Deleted from EIS MM/DD/CCYY</u> - This field appears at the top of the screen under BENDEX Data Exchange Information when an individual is terminated from EIS. This message is produced by the State. The individual remains on the North Carolina BENDEX master file until his Prior 4 Months Benefit Amounts cycle off. The MM/DD/CCYY date is a system date. b. <u>Pend Reaccretion MM/DD/CCYY</u> - This field appears at the top of the screen under BENDEX Data Exchange Information. This message indicates that an individual previously terminated in EIS has reapplied, and SSA is in the process of reaccreting to BENDEX. This message appears until reaccretion is completed. The MM/DD/CCYY date is a system date. Use the Wire Third Party Query to verify benefits when this message appears. c. <u>Payment Status</u> - This indicates whether a benefit amount is payable or the reason it is not payable. d. <u>Initial Date of Entitlement</u> - This is the MMCCYY initial date of entitlement to Title II benefits. 	

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- e. SMI (Medicare B) Option - This indicates whether the individual receives Medicare B or the reason he does not.
- f. SMI (Medicare B) Entitlement Date - This is the MMCCYY current date of entitlement to Medicare B.
- g. SMI Premium Payer - This message identifies the premium payer. Entries are Civil Service, private third party billing, Self, or State Buy-In. The State Buy-In is indicated by the State ID numbers listed at the back of this section. (Example: 340- North Carolina).
- h. SMI Premium Amount - This is the current Medicare B premium amount collectible. The amount is deducted from benefits if premium payer is SELF.
- i. SMI 3rd Party Entit Date - The date for which a third party accepted liability or first paid Medicare B premiums.
- j. SMI 3rd Party Term Date - The last month for which a third party accepted liability for Medicare B premiums. The third party has paid Part B premiums due for the month indicated.
- k. Communication Code - These are messages as a result of the match between the State s input and the Master Beneficiary Record (MBR). If the record is fully processed or contains partial MBR data, a message is printed on the screen. If the record contains Black Lung, Railroad Retirement, or SSI data, or is returned without MBR data, the communication code is printed at the bottom of the screen after the message Comm. Code received from Baltimore.
- l. HIB Entitlement Status - This field indicates the currently recorded Medicare A option.
- m. HIB Entitlement Date - This is the current date (MMCCYY) of entitlement to Medicare A.
- n. HIB Premium Amount - This is the current Medicare A premium amount if payable.
- o. HIB 3rd Party Entit Date - The date for which a third party accepted liability or first paid Medicare A premiums.
- p. HIB 3rd Party Term Date - The date when the third party last paid part A premiums.
- q. Proof of Birth - A Yes indicates that SSA has a document verifying the recipient s age. A No indicates they do not have a document at this time.
- r. Date of Disability Onset - The entry is the month/year or N/A. In disability cases, N/A means not available while in non-disability cases, it means not applicable.

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- s. Beneficiary s Own SSN - The beneficiary s own SSN appears if different from the claim number.
- t. SSI Indicator - A message appears if an SSI Master Record has been established by SSA.
- u. Current and Prior 3 Months Benefit Amounts Reported - These are benefit amounts received the month following the BENDEX date plus the three prior months. These fields reflect information received from SSA. If SSA reports zero benefits, zeroes are displayed. If no information is reported by SSA, blanks are displayed.

NOTE: Cost of living increases may be an exception because SSA updates them a month earlier than usual.

- v. Date of Birth - The date of birth is displayed with the message matches SSA records.
- w. The following fields display only if applicable.

- (1) Lung Acct. No - The coal miner s Social Security Number (SSN) under which Black Lung payments are being made.
- (2) ID - A code indicating the type of Black Lung beneficiary receiving payment. Listed below are the codes.

- (a) LM - Miner
- (b) LS - Wife of miner
- (c) LT - Widow of miner
- (d) LX - Divorced widow of miner.
- (e) L1-L9 - Children of miner.
- (f) P1 - Natural father of miner.
- (g) P2 - Natural mother of miner.
- (h) P3 - Adoptive father of miner.
- (i) P4 - Adoptive mother of miner.
- (j) P5 - Stepfather of miner.
- (k) P6 - Stepmother of miner
- (l) S1,3,5,7 - Brothers of miner.
- (m) S2,4,6,8 - Sisters of miner.

- (3) Black Lung Entit Status - Present entitlement status of the Black Lung benefit:

- (a) E - Entitled.
- (b) N - Nonpayment status.
- (c) P - Entitlement pending.
- (d) T - Terminated.
- (e) D - Deceased.

- (4) Blk Lung Pmt Amt - Black Lung monthly payment amount. Amounts paid to a miner or widow include all benefits due the family in the same household.

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- (5) Blk Lung Ent./Term Date - If entitlement status is E, the date the first Black Lung payment is made. If entitlement status is T, the month following the month of the last payment.
- (6) Railroad Claim Number - The alpha/numeric railroad retirement benefit claim number. This number cannot be used to access BENDEX.
- (7) Monthly Overpayment Ded. Amt - Monthly amount withheld from the benefit to repay an overpayment.
- (8) Ending Date for OP - The month and year that recovery for overpayment ceases. Benefits resume at the full rate the following month.
- x. Miscellaneous Information - Other miscellaneous information may be printed with the other messages as described above.

301.05 LOGOFF PROCEDURES

- A. To return to the Banner screen, key 99 in NEXT SELECTION. Press ENTER.
- B. The message EIS SESSION TERMINATED appears. Key LOGOFF over this message. Press ENTER.

301.06 USE OF FORMS

The BENDEX SHEETS and ON-LINE BENDEX must be used as much as possible. However, there may be situations which require additional information.

- A. Use Form DMA-5049 (Assistance and Services Referral Form) for Medicaid clients who:
 - 1. Have potential for RSDI benefits but have not applied; **or**
 - 2. Have applied for RSDI benefits but have not been notified of a decision; **or**
 - 3. Have a change in case status and the Social Security Office needs to be notified.
- B. Use Form SSA-1610 (Information Request and Report) to:
 - 1. Verify the date of receipt of lump-sum payments from RSDI.
 - 2. Obtain additional information to verify or clarify recorded data on a Medicaid recipient appearing erroneously on the printout.
 - a. Indicate the item(s) in question in red ink.
 - b. Obtain clarification/verification by telephone from the local SSA Office when there is an emergency need for the item in question.
- C. Use the Third Party Query (TPQY) or State Online Query (SOLQ) to verify:

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1. Cases not appearing on the BENDEX; **and/or**
2. Additional needed information not on the BENDEX; **or**
3. Questionable information on the BENDEX.

301.07 MESSAGE LIST

A. Payment Status Messages

1. Adjustment Messages - The beneficiary s account has been withdrawn for adjustment as:

SSA Message

**ONE OF SEVERAL POSSIBLE
RATE ADJUSTMENTS IS BEING
FIGURED**

**MISCELLANEOUS ADJUSTMENT
NOT PROVIDED WITH A SPECIFIC
CODE**

**CHANGE IN BENEFIT RATE NOT
DUE TO A RECOMPUTATION TO
INCLUDE ADDITIONAL
EARNINGS**

**AN AUXILIARY S/SURVIVOR S
BENEFITS ARE BEING COMBINED
WITH THAT INDIVIDUAL S OWN
OLD AGE INSURANCE BENEFIT**

**CANCELLATION OF A WORKER S
COMPENSATION OFFSET IS IN
PROCESS**

RECOMPUTATION

**SPLIT PAYMENTS
(Advance File Only)**

**CHANGE IN PAYMENT
IDENTIFICATION CODE OR POST
ENTITLEMENT ACTION**

SIMULTANEOUS ENTITLEMENT

Explanation

The adjustment is generally accomplished in 30 days. A subsequent BENDEX verifies the new amount.

No specific reason is provided by SSA. A subsequent BENDEX verifies the new benefit amount.

Benefits are being adjusted due to reasons other than earnings. A subsequent BENDEX verifies the new benefit amount.

For example, combining a widow s benefit with the wage earner s own retirement. A subsequent BENDEX verifies the new benefit amount.

Recipient has been receiving worker s compensation which is terminated. A subsequent BENDEX verifies the new benefit amount.

SSA is recomputing the person s SSA payment. A subsequent BENDEX verifies the new amount.

A husband and wife s benefit formerly combined into one check is now being split. Each receives a separate check. A subsequent BENDEX verifies the new amount.

Self-explanatory. A subsequent BENDEX verifies the new amount.

Person is entitled under two account

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<u>SSA Message</u>	<u>Explanation</u>	
WORKER S COMPENSATION OFFSET IS BEING IMPOSED	numbers. A subsequent BENDEX provides benefit amounts.	
STATUS IS BEING CHANGED FROM NON-PAYMENT TO CURRENT PAYMENT STATUS	Benefits are being adjusted because the recipient is receiving worker s compensation. A subsequent BENDEX verifies the Social Security.	
STATUS IS BEING CHANGED FROM CURRENT-PAYMENT STATUS TO DEFERRED- PAYMENT STATUS	A recipient who has not been receiving payment is now being awarded monthly benefits. A subsequent BENDEX verifies the new amount.	
ABATEMENT STATUS	A recipient s monthly Social Security benefits have been postponed for future payment.	
	A claim was filed but the recipient died prior to entitlement.	

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2. Currently Paid Status Messages

SSA Message

BENEFICIARY IN CURRENT PAY
STATUS

Explanation

Recipient receives Social Security.

CURRENT PAYMENT, ADVANCE
FILING

Payment is effective on the date shown
as initial date of entitlement.
Explanation: A payment for November
is paid on December 3, etc.

3. Deferred/Suspended Messages

SSA Message

BENEFICIARY IS ENGAGING IN
FOREIGN WORK

Explanation

Recipient is engaged in works outside
the USA.

TO RECOVER AN
OVERPAYMENT
RESULTING FROM
BENEFICIARY S WORK

SSA is recovering an overpayment due
to beneficiary working.

AUXILIARY S BENEFITS
WITHHELD BECAUSE OF AN
OVERPAYMENT RESULTING
FROM PRIMARY BENEFICIARY
WORK

Wife/child s benefits are deferred
because the primary beneficiary s
benefits are deferred. SSA is
recovering overpayment due to work.

YOUNG MOTHER (under age 62)
has no child in her care

There is no child in the care of this
recipient.

AUXILIARY S BENEFITS
WITHHELD BECAUSE PRIMARY
BENEFICIARY IS ENGAGING
IN FOREIGN WORK

Wife/child s benefits are being withheld
because the primary beneficiary is
working outside the USA.

IN ORDER TO RECOVER AN
OVERPAYMENT WHICH
RESULTED FOR REASONS NOT
ATTRIBUTABLE TO EARNINGS

SSA is recovering an overpayment.

FOR REASONS OF
MISCELLANEOUS DEFERMENT
NOT PROVIDED WITH A SPECIFIC
CODE

Self-explanatory. A subsequent
BENDEX may be received showing
resumption of benefits.

BENEFICIARY IS RECEIVING
PUBLIC ASSISTANCE

A PROUTY beneficiary is receiving
public assistance or SSI. When public
assistance is terminated, the recipient
again is eligible for Social Security.

BENEFICIARY IS RECEIVING
WORKER S COMPENSATION

Pertains only to disability beneficiaries.
Worker s compensation **equals or**

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<u>SSA Message</u>	<u>Explanation</u>	
	exceeds benefits.	
CONTINUING DISABILITY INVESTIGATION	SSA is investigating whether the recipient continues to be disabled.	
WORKING BENEFICIARY	Recipient s earnings have exceeded or are anticipated to exceed the monthly and yearly limits.	
AUXILIARY BENEFITS WITHHELD WORK STATUS	Wife/child s benefits suspended because primary beneficiary s earnings have exceeded or are anticipated to exceed monthly and calendar year limits.	
CHECK RETURNED FOR WRONG ADDRESS	The recipient s check returned to SSA marked address unknown. SSA is investigating.	
DIB BENEFICIARY REFUSED VOC-REHAB	A recipient of disability insurance benefits refused to accept vocational rehabilitation services.	
PAYEE NOT DETERMINED	SSA is in the process of establishing a payee.	
unknown	Benefits suspended with no specific reason given. (Recipient s notice from SSA contains a specific reason for suspension.)	
SPECIAL AGE 72 (PROUTY) receiving government pension	A PROUTY beneficiary is receiving a government pension which is equal to or greater than benefit.	
BENEFICIARY REFUSED BENEFITS	The beneficiary refused to accept Social Security benefits (entitled to HIB-SMIB only).	
BENEFICIARY HAS BEEN DEPORTED	Self-explanatory.	
BENEFITS DUE BUT NOT PAID	Usually less than \$1.00.	
TECHNICAL ENTITLEMENT	Entitlement to a benefit on another claim causes an auxiliary benefit on this claim not to be paid.	
SPECIAL AGE 72 (PROUTY) beneficiary suspended because of failure to meet residency requirements	Recipient not admitted to USA for permanent status.	

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SSA Message

Explanation

ALIEN SUSPENSION SECTIONS
OF SOCIAL SECURITY ACT
APPLY

Either recipient has not been admitted for permanent residency and/or has not been in the USA for five years. Social Security office can provide reason for suspension.

BENEFICIARY RESIDES IN A
COUNTRY TO WHICH CHECKS
CANNOT BE SENT

Self-explanatory.

WORKER S COMPENSATION
PAYMENTS PRECLUDE PAYMENT
OF BENEFITS"

Pertains only to disability beneficiaries. Worker s compensation **equals or exceeds benefits**.

4. Termination Messages

SSA Message

Explanation

ENTITLED TO OTHER FEDERAL
BENEFITS

The benefits are payable by an agency other than SS (For example: VA or Railroad Retirement).

DEATH OF BENEFICIARY

Self-explanatory.

DEATH OF PRIMARY
BENEFICIARY

Self-explanatory. BENDEX data for survivors (widow/children) verifies new Social Security benefits for them.

BENEFICIARY S MARITAL
STATUS WAS CHANGED

Self-explanatory.

CHILD ATTAINED MATURITY

A child beneficiary attained age 18 (or 22 if an active student) and is not disabled or attending school; or, if beneficiary is a mother/father, terminated based on last entitled child s attainment of age 18.

ENTITLED ON OTHER ACCOUNT

The recipient is entitled to benefits on another account.

CHILD S STATUS CHANGED

A child is no longer a student or disabled, or (if beneficiary is a mother/father) the last entitled child died or married.

CHILD ADOPTED

A child recipient has been adopted.

BENEFICIARY RECOVERED

The primary beneficiary or the last disabled child recovered from a disability.

VERIFICATION INQUIRIES		
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<u>SSA Message</u>	<u>Explanation</u>	
TERMINATED-REASON UNKNOWN	Self-explanatory. The specific reason for termination will be provided in the recipient s notice from SSA.	
DISABLED WIDOW(ER) HAS REACHED AGE 65 BEING CONVERTED TO AGED BENEFITS	Self-explanatory. Claim suffix changes from W to D.	
TERMINATED PRIOR TO ENTITLEMENT	Self-explanatory.	
ADVANCE FILED CLAIM TERMINATED AFTER MATURITY	Terminated prior to entitlement. Action too late to stop check from being issued.	
BENEFICIARY BECAME ENTITLED TO WIDOW(ER) S BENEFITS BASED ON DISABILITY	Self-explanatory.	
CHANGE OF BENEFICIARY ACCOUNT SUFFIX	Social Security claim suffix has changed. Example: B to D	
CLAIM WITHDRAWN	Self-explanatory.	
TERMINATION OF STUDENTS (POST SECONDARY) BENEFITS DUE TO LEGISLATIVE CHANGES IN STUDENT REQUIREMENTS.	Self-explanatory.	

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5. Non-Payment Status Information The following SSA messages are printed when an individual is removed from the category of HIB-SMI Only Benefits:

<u>SSA Message</u>	<u>Explanation</u>
DEATH OF BENEFICIARY	Self-explanatory.
BENEFICIARY ENTITLED TO CASH BENEFITS	A recipient entitled to hospital or supplemental medical benefits only is now in the process of becoming eligible for cash benefits. Subsequent BENDEX contains the new amount.
PAYEE NOT DETERMINED	Self-explanatory.
MISCELLANEOUS	Miscellaneous termination reason not provided with a specific code.
CLAIM TRANSFERRED TO RRB	Self-explanatory.
HOSPITAL OR SMI ONLY BENEFITS BEING TERMINATED	Self-explanatory. SSA can provide reason for termination.
WITHDRAWN FOR ADJUSTMENT	Self-explanatory.
WITHDRAWN BECAUSE FILE IS BEING TRANSFERRED TO ANOTHER PAYMENT CENTER	Self-explanatory.
BENEFICIARY NO LONGER ELIGIBLE FOR HOSPITAL OR SMI ONLY BENEFITS BECAUSE HE/SHE WAS DEPORTED	Self-explanatory.
WITHDRAWAL OF SMI BENEFITS (BENEFICIARY WAS ENTITLED TO SMIB ONLY)	Recipient requested SMI be terminated.
TERMINATED TITLE XVIII STATUS	Self-explanatory.

B. SMI (Medicare B) Option

<u>SSA Message</u>	<u>Explanation</u>
ENROLLED IN SMIB	Self-explanatory.
NO SMI-CESSATION OF DISABILITY	Recipient recovered from disability.
SMI DENIED	Recipient is ineligible for SMI.
BENEFICIARY ENROLLED FOR	Recipient had a good reason for late

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<u>SSA Message</u>	<u>Explanation</u>
SMI UNDER SSA GOOD CAUSE	enrollment for SMI.
NO RESPONSE FROM BENEFICIARY WHEN ASKED FOR ELECTION CONCERNING SMI	Self-explanatory.
INVALID ENROLLMENT HAS BEEN TERMINATED	Self-explanatory.
NO SMI TERMINATED BECAUSE OF NON-PAYMENT OF PREMIUMS	Self-explanatory.
VOLUNTARY WITHDRAWAL FROM SMIB	Self-explanatory.
BENEFICIARY ENTITLED TO SMIB; RAILROAD RETIREMENT BOARD HAS JURISDICTION FOR PREMIUM COLLECTION	Recipient is receiving Railroad Retirement benefits. RR Board responsible for collecting premiums.
SMI REFUSED OR DENIED FOR ALIEN RESIDENT	Beneficiary refused supplemental medical insurance benefits or was denied for alien resident.
NO SMI; NO LONGER UNDER RENAL DISEASE PROVISION	Relates to disabled recipient who had kidney transplant or dialysis ended 12 months ago.

C. Communication Code

- Records which are fully processed and contain pertinent MBR data:

<u>SSA Message</u>	<u>Explanation</u>
AGENCY CONFLICT INDIVIDUAL ALREADY ACCRETED BY STATE XXX	Record is in conflict with another state. Fraud may be a possibility.
RECORD MATCHED	Record is fully processed with pertinent data extracted from the MBR.
BENEFITS, IF PAYABLE, ARE PAID TO OTHER THAN BENEFICIARY	Self-explanatory.
THE BENEFICIARY WAS TERMINATED MMY BY SSA. NO FURTHER REPORTS WILL BE FURNISHED UNDER THIS CLAIM NUMBER	Self-explanatory.
SSA HAS NOT COMPLETED FULL SEARCH OF THE MASTER	The State should receive a record in the next regular BENDEX run.

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	<u>SSA Message</u>	<u>Explanation</u>
	BENEFICIARY RECORD AND IS CONTINUING TO INVESTIGATE	
	BENEFICIARY IS TERMINATED ON THIS RECORD. THE MBR CONTAINS A CROSS-REFERENCE NUMBER, BUT THE SYSTEM WAS NOT ABLE TO LOCATE THE OTHER RECORD.	Self-explanatory.
	POSSIBLE ENTITLEMENT UNDER ANOTHER ACCOUNT, BUT SSA IS UNABLE TO DETERMINE THE OTHER ACCOUNT STATE SHOULD DETERMINE PROPER CLAIM NUMBER AND RESUBMIT TO BENDEX.	No further exchange is made on this terminated case.
2.	Records which contain MBR data and may contain Black Lung, Railroad Retirement, or SSI data:	
	<u>SSA Message</u> NOT ENTITLED TO SSA BENEFIT; SSI, BLACK LUNG, OR RAILROAD RETIREMENT INVOLVED.	<u>Explanation</u> Self-explanatory.
	BL ONLY	Black Lung benefits involved, not entitled to Title II benefits.
	BL RRB	Black Lung and RRB benefits involved, not entitled to Title II benefits.
	RRB ONLY	RRB benefits involved, not entitled to Title II benefits.
	SI-BL-RR	SSI, Black Lung, and RRB benefits involved, not entitled to Title II benefits.
	SSI-BL	SI and Black Lung benefits involved, not entitled to Title II benefits.
	SSI ONLY	SSI benefits involved, not entitled to Title II benefits.
	SSI-RRB	SSI and RRB benefits involved, not entitled to Title II benefits.
3.	Records returned without full MBR data since disclosure is no longer appropriate:	
	<u>SSA Message</u> CLIENT IS TERMINATED FROM BUY-IN-STATE SHOULD	<u>Explanation</u> No further data exchange through BENDEX.

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SSA Message

REACCRETE IF ELIGIBILITY IS
ONGOING

Explanation

Self-explanatory.

STATE HAS DELETED FROM
BENDEX DUE TO DEATH OR
CLIENT NO LONGER ELIGIBLE
ON STATE ROLLS

Record is in conflict with another state.
One state is deleting their record and
receiving no further exchange.

AGENCY CONFLICT-ACTIVE
BENDEX EXCHANGE ONGOING
STATE XXX

4. Records returned without MBR data:

SSA Message

THE ACCOUNT HOLDER ON
THIS ACCOUNT DIED IN MMY. CLAIMANTS FOR SURVIVOR
BENEFITS MAY BE REFERRED
TO LOCAL SSA OFF

Explanation

Self-explanatory.

DOB UNM

Date of birth unmatched on month and
year. Processing ceased.

GIV UNM

Given name unmatched. Processing
ceased.

IMP CAN

Impossible claim number. The SSN on
the input record is invalid; not all numeric
or out of the range issued by SSA.

IMP CODE

The communication code on direct input
record is either blank or invalid.

NO AUTH

Category of assistance code on direct
input case is missing or invalid.

NO DEX

SSA is unable to determine which action
the State is attempting. Accretion and
deletion cases received as direct input
for same SSN.

NO FILE

Claim number in possible range but non-
existent on MBR. No entitlement to SSA
benefits on this SSN.

SUR UNM

Surname unmatched. Processing
ceased.

?

Error in SSA Communication Code.

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<u>SSA Message</u>	<u>Explanation</u>
NO. CESSATION OF DISABILITY	Self-explanatory.
NO. DENIED	Self-explanatory.
YES. AUTOMATIC ENTITLEMENT, NO PREMIUM NECESSARY	Self-explanatory.
NO. TERMINATED FOR INVALID ENROLLMENT OR ENROLLMENT VOIDED"	Self-explanatory.
YES. GOOD CAUSE"	Self-explanatory.
NO. NOT ELIGIBLE FOR FREE PART A, OR DID NOT ENROLL FOR PREMIUM PART A	Self-explanatory.
RAILROAD JURISDICTION	Self-explanatory.
NO. REFUSED FREE PART A	Self-explanatory.
NO. TERMINATED NO LONGER ENTITLED UNDER RENAL DISEASE PROVISION	Self-explanatory.
NO. TERMINATED FOR NON- PAYMENT OF PREMIUMS	Self-explanatory.
NO. WITHDRAWAL FROM PREMIUM PART A	Self-explanatory.
YES. PREMIUM PART A IS PAYABLE	Self-explanatory.
"NO. PART A TERMINATED DUE TO DIVORCE, MARRIAGE, DISABILITY RECOVERY, OR MISCELLANEOUS."	Self-explanatory.

E. SSI Indicator

<u>SSA Message</u>	<u>Explanation</u>
TERMINATED DUE TO EXCESS INCOME CAUSED BY TITLE II BENEFIT RATE INCREASE	First month of non-eligibility.
CONDITIONAL SSI PAYMENT	First month of entitlement.
DENIED	Denial date.

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SSA Message

BENEFICIARY IS ELIGIBLE FOR SSI

YES. AUTOMATIC ENTITLEMENT, NO PREMIUM NECESSARY

ENGAGING IN SGA, NOT ELIGIBLE FOR SPECIAL SSI PAYMENT BUT RETAINS ELIGIBILITY FOR TITLE XIX AND TITLE XX

INELIGIBLE SPOUSE, PARENT, ESSENTIAL PERSON

ENGAGING IN SGA; ELIGIBLE FOR SPECIAL SSI PAYMENT

PENDING SSI DETERMINATION ENTITLED TO SSI STATE SUPPLEMENT ONLY

NON-PAYMENT

RETURNED CHECK, DATE OF DEATH QUESTIONABLE

TERMINATED (t30), BUT NOT REACCREDITED

STATE SUPPLEMENT TERMINATED

TERMINATED-DEATH

TERMINATED-EXCESS INCOME

TERMINATED-EXCESS RESOURCES

Explanation

First month of entitlement (initial or first month of entitlement after redetermination).

Self-explanatory.

First month of non-eligibility for payment.

Date of filing.

First month of entitlement.

Date of filing.
First month of entitlement.

First month of non-eligibility.

Month check returned, Title XVI and Buy-In terminated; Title II not terminated until valid date of death received.

First month of non-eligibility.

First month of non-eligibility. (No longer used.)

First month of non-eligibility.

First month of non-eligibility.

First month of non-eligibility.

F. Miscellaneous Information

SSA Message

PRIOR BENEFIT AMOUNT REPORTED AS XXX-XX

DATE OF BIRTH XX-XX-XX WAS VERIFIED BY SSA

Explanation

Benefit amount changed by SSA.

The beneficiary s date of birth in SSA records agrees with the State s record.

Change # 1-2001	VERIFICATION INQUIRIES BENEFICIARY DATA EXCHANGE (BENDEX)	September 1, 2001
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<u>SSA Message</u>	<u>Explanation</u>
BENEFIT AMOUNTS DIFFER STATE = XXX-XXX	SSA master files show benefits for the recipient are different from the State s record.
SSA CHANGED THE RECIPIENT S NAME TO THAT SHOWN ABOVE	Beneficiary s name according to SSA records is different from State records.
SSA CHANGED THE BIRTH DATE TO XX-XX-XX	The beneficiary s date of birth as verified by SSA is different from the State s records.
SSA REPORTED CLAIM NUMBER CHANGED FROM XXX-XX-XXXX- XXX	The beneficiary s claim number for RSDI benefits have been changed by SSA.

301.08 DEFINITION LISTING

<u>Term</u>	<u>Definition</u>
Adjustment	A recipient s benefits are changed due to re-computation of earnings or another change in situation.
Accretion	An individual added to the BENDEX files.
Beneficiary/ Recipient	An individual added to the BENDEX files.
BIC	Beneficiary Identification Code. This is the suffix to SSN or claim number.
Buy-In	A program whereby the state pays Supplemental Medical Insurance (SMI) premiums for eligible Medicaid recipients.
CAN	SSA abbreviation for Claim Account Number.
Change Report	The BENDEX record automatically submitted to the State when an individual has a change in Social Security entitlement, benefit amount, benefit status, Supplemental Medical Insurance option, and Supplemental Security Income status.
Claimant	A person who has filed an application for Social Security benefits but has not yet received them.
Claim Number	The account number used by SSA to identify the individual whose earnings benefits are being paid. It is an account number followed by a suffix, sometimes as many as three characters, designating the type of beneficiary; for example, wife, widow, child, etc. suffixes.
Current Pay Status	The beneficiary is being paid his monthly benefits on a regular schedule.

VERIFICATION INQUIRIES		
Change # 1-2001	BENEFICIARY DATA EXCHANGE (BENDEX)	September 1, 2001
<u>Term</u>	<u>Definition</u>	
Deferred	A payment status in which the payment is made at a later date for various reasons.	
Deletion	The removal of a person from the BENDEX program for various reasons, such as he is no longer a recipient of public assistance.	
DMA 5004 (DSS-MS-3)	The form completed by the income maintenance caseworker to notify the Central Office that an individual has not been correctly added to or deleted for Medicare Buy-In or to report incorrect dates of coverage.	
EIS	Eligibility Information System.	
Eligible	As applied to Title II, a potential beneficiary meets all the requirements for receiving Social Security benefits except that he has not yet filed an application. As applied to Title XVI, Supplemental Security Income (SSI), an individual is receiving SSI payments.	
Entitlement	A potential beneficiary has met all the legal requirements for receiving Social Security benefits and receives the payment as his legal right.	
FSA	Family Support Administration. The federal office in Health and Human Services responsible for the administration of the Work First Family Assistance Program.	
FSIS	Food Stamp Information System.	
HCFA	Health Care Finance Administration. The federal office in Health and Human Services Responsible for administration of the Medicare and Medicaid programs.	
HI	SSA abbreviation for Health Insurance.	
HIB	SSA abbreviation for Hospital Insurance Benefits (Medicare A).	
Initial BENDEX Record	The addition of a record prepared by the State to initiate BENDEX exchange between SSA and the State for all public assistance recipients with a Social Security claim or account number reported on computer input documents.	
MBR	SSA abbreviation for Master Beneficiary Record. This is a tape record containing the payment, beneficiary, and benefit history data for beneficiaries entitled to Social Security benefits.	
MMDDYY	A code indicating the six positions for month, day, and year.	
Non-Matched Record	SSA was unable to match the data sent by the State. The reason for the non-match is printed on an Individual BENDEX Data Exchange Report sent to you.	

VERIFICATION INQUIRIES		
Change # 1-2001	BENEFICIARY DATA EXCHANGE (BENDEX)	September 1, 2001
<u>Term</u>	<u>Definition</u>	
Payment Status	The status of the beneficiary s Social Security benefits. They may be suspended, deferred, or currently paid or terminated.	
PROUTY Beneficiary	A person receiving special Social Security benefits not based solely on quarters of coverage.	
Railroad Claim Number	The number issued by the Railroad Retirement Board to control payments of annuities and pensions under the Railroad Retirement Act. The claim number begins with a one to three-letter alphabetic prefix denoting the type of payment, followed by six or nine numeric digits. Although acceptable for SMI Buy-In purposes, Railroad Retirement (RR) claim numbers cannot be used to obtain RR benefit information through BENDEX.	
RSDI	SSA abbreviation for Retirement, Survivors, and Disability Insurance.	
SMI (SMIB)	This is a SSA abbreviation for Supplemental Medical Insurance. It is also known as Part B of Medicare.	
SMIB Option	This is a SSA code to indicate the beneficiary s status relative to SMI.	
SSA	Social Security Administration of the Department of Health and Human Services.	
SSI	Supplemental Security Income. The Title XVI Program which provides cash assistance to needy aged, blind, and disabled persons.	
SSI/SDX	Supplemental Security Income. Supplemental Security Income/State Data Exchange used in verifying SSI benefits.	
SSN	The beneficiary s own account number (also known as BOAN).	
State Agency Code	A three-digit code which identifies each state. See State Codes.	
State BENDEX File	The file is set up and maintained by Data Processing on all public assistance recipients for whom BENDEX exchange has been requested. This file is updated with the receipt of new or corrected information.	
Suspended	SSA is taking action to stop the payment of monthly benefits until certain conditions are met by the beneficiary, such as when continuing disability must be determined.	
Terminated	SSA is taking action to terminate monthly benefits for various reasons, such as death or marriage of the beneficiary.	
Wage Earner	A SSA term for the person who earned the income used as the basis for the Social Security account from which benefits are being paid. The person to whom the account number was	

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<u>Term</u>	<u>Definition</u> originally assigned.
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301.09 SSA SYSTEM INTERFACE IDENTIFICATION CODES

A. Black Lung Only Claim Number Suffixes

LM	Miner
LS	Wife of Miner
LT	Divorced wife of Miner
LW	Widow of Miner
LX	Divorced widow of Miner
LI	Children of Miner
PI	Natural father of Miner
P2	Natural mother of Miner
P3	Adoptive father of Miner
P4	Adoptive mother of Miner
P5	Stepfather of Miner
P6	Stepmother of Miner
S1,3,5,7	Brothers of Miner
S2,4,5,8	Sisters of Miner

B. SSI Only Claim Number Suffixes

SA	Aged individual or spouse
SB	Blind individual, spouse or child
SD	Disabled individual, spouse or child
SE	Essential person only
SP	Ineligible parent
SS	Ineligible spouse
ST	Essential person only (ineligible parent or spouse)

C. State Codes

<u>State</u>	<u>Code</u>	<u>State</u>	<u>Code</u>
Alabama	010	Nevada	290
Alaska	020`	New Hampshire	300
Arizona	030	Nevada	290
Arkansas	040	New Jersey	310
California	050	New Mexico	320
Colorado	060	New York	330
Connecticut	070	North Carolina	340
Delaware	080	North Dakota	350
District of Columbia	090	Ohio	360
Florida	100	Oklahoma	370
Georgia	110	Oregon	380
Guam	650	Pennsylvania	390
Hawaii	120	Puerto Rico	400
Idaho	130	Rhode Island	410
Illinois	140	American Samoa	640
Indiana	150	South Carolina	420
Iowa	160	South Dakota	430

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<u>State</u>	<u>Code</u>	<u>State</u>	<u>Code</u>
Kansas	170	Tennessee	440
Kentucky	180	Texas	450
Louisiana	190	Utah	460
Maine	200	Vermont	470
Maryland	210	Virgin Islands	480
Massachusetts	220	Virginia	490
Michigan	230	Washington	500
Minnesota	240	West Virginia	510
Mississippi	250	Wisconsin	520
Missouri	260	Wyoming	530
Montana	270		
Nebraska	280		

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301.10 SSA SUFFIX CODES

SSA Award Letters may have an H in the claim number; however, H is not part of the claim symbol. Please disregard the H. Following is a list of all valid SSA Suffix Codes (claim symbols) with a brief description.

<u>Code</u>	<u>Description</u>
A	Primary Beneficiary (wage earner)
B	Wife, age 62 or older (1 st claimant)
B1	Husband, age 62 or older (1 st claimant)
B2	Wife, under age 62 (1 st claimant)
B3	Wife, age 62 or older (2 nd claimant)
B4	Husband, age 62 or older (2 nd claimant)
B5	Wife under age 62 (2 nd claimant)
B6	Divorced Wife (1 st claimant)
B7	Wife under age 62 (3 rd claimant)
B8	Wife age 62 or older (3 rd claimant)
B9	Divorced wife (2 nd claimant)
BA	Wife age 62 or older (4 th claimant)
BD	Wife age 62 or older (5 th claimant)
BG	Husband age 62 or older (3 rd claimant)
BH	Husband age 62 or older (4 th claimant)
BJ	Husband age 62 or older (5 th claimant)
BK	Wife under age 62 (4 th claimant)
BL	Wife under age 62 (5 th claimant)
BN	Divorced wife (3 rd claimant)
BP	Divorced wife (4 th claimant)
BQ	Divorced Wife (5 th claimant)
BR	Divorced husband (1 st claimant)
BT	Divorced husband (2 nd claimant)
BW	Young husband (2 nd claimant)
BY	Young husband (1 st claimant)
C1-C9, CA-CE	Child (including disabled or student child). The oldest child will have the highest suffix. Suffixes will descend to C1 for the youngest child. If there are more than nine children, there will be an alphabetic suffix beginning with CA for the 10 th child.
D	Widow, age 60 or older (1 st claimant)
D1	Widower, age 60 or older (1 st claimant)
D2	Widow, age 60 or older (2 nd claimant)
D3	Widower, age 60 or older (2 nd claimant)
D4	Widow, remarried after attaining age 60 (1 st claimant)
D5	Widower, remarried (1 st claimant)
D6	Surviving divorced wife (1 st claimant)
D7	Surviving divorced wife (2 nd claimant)
D8	Widow, age 60 or older (3 rd claimant)
D9	Widow, remarried after age 60 (2 nd claimant)
DA	Widow, remarried after age 60 (3 rd claimant)
DC	Surviving divorced husband (1 st claimant)
DD	Widow, age 60 or older (4 th claimant)
DG	Widow, age 60 or older (5 th claimant)
DH	Widower, age 60 or older (3 rd claimant)
DJ	Widower, age 60 or older (4 th claimant)
DK	Widower, age 60 or older (5 th claimant)
DL	Widow remarried after age 60 (4 th claimant)

Change # 1-2001	VERIFICATION INQUIRIES BENEFICIARY DATA EXCHANGE (BENDEX)	September 1, 2001
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<u>Code</u>	<u>Description</u>
DM	Surviving divorced husband (2 nd claimant)
DN	Widow, remarried after age 60 (5 th claimant)
DP	Widower, remarried (2 nd claimant)
DQ	Widower, remarried (3 rd claimant)
DR	Widower, remarried (4 TH claimant)
DS	Surviving divorced husband (3 rd claimant)
DT	Widower, remarried (5 th claimant)
DV	Surviving divorced wife (3 rd claimant)
DW	Surviving divorced wife (4 th claimant)
DX	Surviving divorced husband (4 th claimant)
DY	Surviving divorced wife (5 th claimant)
DZ	Surviving divorced husband (5 th claimant)
E	Mother (1 st claimant)
E1	Surviving divorced mother (1 st claimant)
E2	Mother (2 nd claimant)
E3	Surviving divorced mother (2 nd claimant)
E4	Widowed father (1 st claimant)
E5	Surviving divorced father (1 st claimant)
E6	Widowed father (2 nd claimant)
E7	Mother (3 rd claimant)
E8	Mother (4 th claimant)
E9	Surviving divorced father (2 nd claimant)
EA	Mother (5 th claimant)
EB	Surviving divorced mother (3 rd claimant)
EC	Surviving divorced mother (4 th claimant)
ED	Surviving divorced mother (5 th claimant)
EF	Widowed father (3 rd claimant)
EG	Widowed father (4 th claimant)
EH	Widowed father (5 th claimant)
EJ	Surviving divorced father (3 rd claimant)
EK	Surviving divorced father (4 th claimant)
EM	Surviving divorced father (5 th claimant)
F1	Father (1 st claimant)
F2	Mother (1 st claimant)
F3	Stepfather
F4	Stepmother
F5	Adopting Father
F6	Adopting Mother
F7	Father (2 nd claimant)
F8	Mother (2 nd claimant)
J1	Entitled to HIB (less than 3 quarters coverage)
J2	Entitled to HIB (3 quarters coverage or more)
J3	Not entitled to HIB (less than 3 quarters coverage)
J4	Not entitled to HIB (3 quarters coverage or more)
K1	Wife entitled to HIB (less than 3 quarters coverage) (1 st claimant)
K2	Wife entitled to HIB (3 quarters coverage or more) (1 st claimant)
K3	Wife not entitled to HIB (less than 3 quarters coverage) (1 st claimant)
K4	Wife not entitled to HIB (3 quarters coverage or more) (1 st claimant)
K5	Wife entitled to HIB (less than 3 quarters coverage) (2 nd claimant)
K6	Wife entitled to HIB (3 quarters coverage or more) (2 nd claimant)
K7	Wife not entitled to HIB (less than 3 quarters coverage) (2 nd claimant)
K8	Wife not entitled to HIB (3 quarters coverage) (2 nd claimant)

Change # 1-2001	VERIFICATION INQUIRIES BENEFICIARY DATA EXCHANGE (BENDEX)	September 1, 2001
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<u>Code</u>	<u>Description</u>
K9	Wife entitled to HIB (less than 3 quarters coverage) (3 rd claimant)
KA	Wife entitled to HIB (3 quarters or more) (3 rd claimant)
KB	Wife not entitled to HIB (less than 3 quarters coverage) (3 rd claimant)
KC	Wife not entitled to HIB (3 quarters coverage or more) (3 rd claimant)
KD	Wife entitled to HIB (less than 3 quarters coverage) (4 th claimant)
KE	Wife entitled to HIB (3 quarters coverage or more) (4 th claimant)
KF	Wife not entitled to HIB (less than 3 quarters coverage) (4 th claimant)
KG	Wife not entitled to HIB (3 quarters coverage or more) (4 th claimant)
KH	Wife entitled to HIB (less than 3 quarters coverage) (5 th claimant)
KJ	Wife entitled to HIB (3 quarters coverage or more) (5 th claimant)
KL	Wife not entitled to HIB (less than 3 quarters coverage) (5 th claimant)
KM	Wife not entitled to HIB (3 quarters coverage or more) (5 th claimant)
LM	Black lung miner
LW	Black lung miner s widow
M	Uninsured (not entitled to HIB, qualified for SMIB)
M1	Insured (qualified for HIB, but requested SMIB only)
T	Uninsured (entitled to HIB under deemed insured provision)
TA	Federal wage earner
TB	End stage renal disease wife or husband (1 st claimant)
TC	Child (disabled/end stage renal disease)
T2-T9	Additional children (disabled/end stage renal disease)
TD	Widow or widower (1 st claimant)
TE	End stage renal disease widow or widower (1 st claimant)
TF	Father (1 st or 2 nd claimant)
TG	End stage renal disease wife or husband (2 nd claimant)
TH	End stage renal disease wife or husband (3 rd claimant)
TJ	End stage renal disease wife or husband (4 th claimant)
TK	End stage renal disease wife or husband (5 th claimant)
TL	Widow or widower (2 nd claimant)
TM	Widow or widower (3 rd claimant)
TN	Widow or widower (4 th claimant)
TP	Widow or widower (5 th claimant)
TQ	Mother, stepmother, or adopting mother (1 st or 2 nd claimant)
TR	End stage renal disease widow or widower (2 nd claimant)
TS	End stage renal disease widow or widower (3 rd claimant)
TT	End stage renal disease widow or widower (4 th claimant)
TU	End stage renal disease widow or widower (5 th claimant)
TV	Disabled widow or widower (5 th claimant)
TW	Disabled widow or widower (1 st claimant)
TX	Disabled widow or widower (2 nd claimant)
TY	Disabled widow or widower (3 rd claimant)
TZ	Disabled widow or widower (4 th claimant)
W	Disabled widow (1 st claimant)
W1	Disabled widower (1 st claimant)
W2	Disabled widow (2 nd claimant)
W3	Disabled widower (2 nd claimant)
W4	Disabled widow (3 rd claimant)
W5	Disabled widower (3 rd claimant)
W6	Disabled surviving divorced wife (1 st claimant)
W7	Disabled surviving divorced wife (2 nd claimant)
W8	Disabled surviving divorced wife (3 rd claimant)
W9	Disabled widow (4 th claimant)

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<u>Code</u>	<u>Description</u>
WB	Disabled widower (4 th claimant)
WC	Disabled surviving divorced wife (4 th claimant)
WF	Disabled widow (5 th claimant)
WG	Disabled widower (5 th claimant)
WJ	Disabled surviving divorced wife (5 th claimant)
WR	Disabled surviving divorced husband (1st claimant)
WT	Disabled surviving divorced husband (2 nd claimant)
Z	An alien who does not meet five year residency requirement for Medicare B eligibility

301.11 RAILROAD RETIREMENT PREFIX CODES

Following is a list of all valid Railroad Retirement Prefix Codes (claim symbols) with a brief description:

<u>Code</u>	<u>Description</u>
A	Retirement employee or annuitant
CA	Disabled adult child of RR annuitant
H	RR pensioner (age or disability)
JA	Survivor joint annuitant an annuitant who has taken a reduced amount to guarantee payments to a surviving spouse.
MA	Spouse of RR employee or annuitant (husband or wife)
MH	Spouse of RR pensioner
PA	Parent of RR annuitant
PD	Parent of RR employee
PH	Parent of pensioner
WA	Widow or widower of an RR annuitant
WCA	Child of RR annuitant, or widow of annuitant with a child in her care.
WCD	Child of RR employee, or widow of employee with a child in her care
WCH	Widow of pensioner with a child in her care
WD	Widow or widower of an RR employee
WH	Widow or widower of an RR pensioner

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302.01 GENERAL INFORMATION

The State Data Exchange (SDX) provides detailed information about benefits received by Supplemental Security Income (SSI) applicants/recipients. It is used to verify SSI benefits in determining eligibility for various public assistance programs. SDX information is available by on-line inquiry and on SDX Information Sheets.

302.02 How SDX IS UPDATED

- A. Workers in the Social Security Administration (SSA) District Offices enter information into a computer system, the Supplemental Security Record (SSR), where the data is collected in a file.
- B. SSA produces file updates four to five times a week to provide information on newly approved individuals and changes to ongoing SSI recipients.
- C. The State updates the on-line SDX from each file received from SSA. SDX sheets are created for newly approved SSI recipients, and when certain information changes for an individual.

302.03 ON-LINE INQUIRY

The on-line SDX contains the records of all SSI recipients in North Carolina. The on-line SDX is updated from the files submitted by SSA.

A. ACCESSING SDX

- 1. To access on-line SDX, the terminal screen must display the message "IS CONNECTED TO THE STATE NETWORK...". This is the banner screen.
- 2. On the Banner Screen, key "SCC4CICS." Press ENTER. The message "WELCOME TO SCC4CICS 'EIS'" appears at the top of the next screen. This is the RACF screen.
- 3. From the RACF screen, key your USER ID, BILLING CODE, and your PASSWORD. Press ENTER. A blank screen appears.
- 4. Key "EIS3". Press ENTER. The Primary Menu Screen appears.
- 5. From the Primary Menu Screen, key Selection "05". Press ENTER.
- 6. The Interface Inquiry Menu appears.
- 7. From the Interface Inquiry Menu, you may key Selection "02" and the individual's social security number (SSN) to access the SDX inquiry only.

OR

- 8. You may key Selection "04" and the SSN to access SDX, BENDEX, TPQY, and ESC by a single entry of the SSN.

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9. Press PF1 to page forward within the inquiry. Press PF2 to page backward within the inquiry. Key in the screen number in the "PAGE" field to go directly to that screen. Press PF3 to return to the menu.
10. To inquire on another individual's SDX information, key the individual's SSN in "KEY."

B. INFORMATION ON THE ONLINE SDX

Each field that appears on the On-Line SDX is listed below with the corresponding codes and definitions.

VSD901-1	N.C. DEPT. OF HEALTH AND HUMAN SERVICES SDX INFORMATION	TODAY S DATE: 07/25/1998 PROCESS DATE: 07/22/1998
<p>RECIPIENT: XXXXXXXX BILL H SSN: XXX-XX-XXXX</p> <p>OTHER NAME: RSDI CLAIM NO: 0000000000</p> <p>SSN CORR IND: COUNTY: 92-WAKE</p> <p>RACE: U RESIDENCY: 02/01/1993</p> <p>SEX: M TELEPHONE: 919-857-4019</p> <p>BIRTH DATE: 07/25/1988 MAIL ADDR: LISA MCNEAL FOR</p> <p>DEATH DATE: BILL H MCNEAL</p> <p>RECIPIENT TYP: DC 1985 UMSTEAD DRIVE</p> <p>MARITAL STAT: 3 RALEIGH NC</p> <p>HEAD OF HOUSE: N 27626-0529</p> <p>STUDENT IND: N</p> <p>PAYEE CODE: MTH RESIDENCE:</p> <p>CUSTODY CODE: PYE</p> <p>COMPETENCY CD: B</p> <p>DRUG ADDICTION:</p>		
PF1/13=NEXT PAGE:1	PF2/14=PREV NEXT SELECTION:	F3/15=MENU DCN: PF8/20=BEINDEX KEYS:

1. **Today's Date:** The date on which you are performing the inquiry.
2. **Process Date:** The date the current transaction was processed by SSA.
3. **Recipient:** The last name, first name and middle initial of the individual for whom the SDX record applies.
4. **SSN:** The social security number of the recipient.
5. **Other Name:** Another last name used by the recipient.
6. **SSN Corr Ind (SSN Correction Indicator):** A code indicating the status of a pseudo SSN or invalid SSN assigned to a recipient.

A A pseudo or invalid SSN appears in the SSN field and a valid SSN in the last field of the Multiple SSNs is being initially transmitted to the State.

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	B	A valid SSN appears in the SSN field and the pseudo or invalid SSN is shown in the Multiple SSNs field.
7.	Race:	The race of the recipient.
	A	Asian
	B	Black
	H	Hispanic
	I	North American Indian
	N	Negro
	O	Other
	U	Not Determined
	W	White
8.	Sex:	The sex of the recipient.
	M	Male
	F	Female
	U	Unknown
9.	Birth Date:	The date of birth of the recipient in month, day, century and year format.
10.	Death Date:	The date of death of the recipient in month, day, century and year format. The actual death date is shown when it is available. However, if the date of death is posted from a returned check, the day is shown as "01" or the date the returned check was processed.
11.	Recipient Type:	The type of recipient, or other individual, involved in the record. If a recipient initially became eligible due to disability, this code will not change at age sixty-five.
	AI	Aged individual
	AS	Aged Spouse
	BI	Blind individual
	BC	Blind child
	DC	Disabled child
	DI	Disabled individual

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- | | | |
|-----|--|---|
| | DS | Disabled spouse |
| | EP | Essential person |
| | XS | Ineligible spouse |
| 12. | Marital Status: The marital status of the recipient at the time the record was established. | |
| | 1 | Married and living with |
| | 3 | Single, widowed, or divorced |
| | 4 | Married and separated |
| 13. | Head of Household: Indicates if the recipient was the head of household for Title XVI purposes at the time the SSR was established. In addition, it is also used to indicate that one spouse was determined eligible for SSI while a disability determination was pending for the other spouse. | |
| | Y | Head of Household |
| | N | Not head of household |
| | R | Spouse whose disability determination is/was pending |
| | S | Spouse who is/was being paid as an individual while disability was being determined for the other spouse |
| | U | Identifies the months included in the computation of and offset of underpayment to one member of an eligible couple against an overpayment of the other member of the couple. |
| 14. | Student Indicator: Indicates if the recipient is a student. | |
| | Y | Student |
| | N | Not a student |
| 15. | Payee Code: Identifies who receives the check. | |
| | AGY | Social Agency |
| | CHD | Natural, adoptive or stepchild (as payee for parent) |
| | ESP | Essential person is representative payee |
| | FDM | Federal mental institution |
| | FDO | Federal non-mental institution |
| | FIN | Financial organization |

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FTH	Natural or adoptive father
GPR	Grandparent
INP	Legally incompetent, but no representative has been selected
MTH	Natural or adoptive mother
NPM	Non-profit mental institution
NPO	Non-profit non-mental institution
OFF	Public official
OTH	Other
PRO	Proprietary non-mental institution
PYE	Recipient previously had representative payee, but now is receiving direct payment
REL	Other relative (includes in-laws)
SEL	Beneficiary is own payee
SFT	Stepfather
SLM	State/local mental institution
SLO	State/local non-mental institution
SMT	Stepmother
SPO	Spouse is payee

16. **Custody Code:** Indicates who has physical custody of the recipient.

AGY	Under the custody of a social agency
CHD	Under the custody of a natural, adoptive or stepchild
ESP	Under the custody of an essential person who is also the representative payee
FDM	Under the custody of a Federal mental institution
FDO	Under the custody of a Federal non-mental institution
FIN	Under the custody of a financial institution
FTH	Under the custody of a natural or adoptive father
GPR	Under the custody of a Grandparent

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- INP** Legally incompetent, but no representative has been selected
- MTH** Under the custody of the natural or adoptive mother
- NPM** Under the custody of a non-profit mental institution
- NPO** Under the custody of a non-profit non-mental institution
- OFF** Under the custody of a public official
- OTH** Under the custody of some other individual, institution, or agency.
- PRO** Under the custody of a private, for profit, mental institution
- PYE** Under the custody of the representative payee
- REL** Under the custody of another relative (includes in-laws)
- RPD** The representative payee is being developed
- SEL** The recipient is living by himself/herself
- SFT** Under the custody of a stepfather
- SLM** Under the custody of a State/local mental institution
- SLO** Under the custody of a State/local non-mental institution
- SMT** Under the custody of a stepmother
- SPO** Under the custody of the spouse

17. **Competency Code:** The representative payee's status as to legal guardianship and/or competency of the recipient.

- A** Recipient is competent and the representative payee is the legal guardian
- B** Recipient is competent and there is no legal guardian

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- C** Recipient is competent and the legal guardian is someone other than the representative
 - D** Recipient is incompetent and the representative is the legal guardian
 - E** Recipient is incompetent and there is no legal guardian
 - F** Recipient is incompetent and the legal guardian is someone other than the representative payee
 - L** Representative payee is a financial institution with whom the recipient has entered into a living trust agreement
 - N** There is no legal guardian
 - O** Someone other than the representative payee is the legal guardian
 - Y** The representative payee is the legal guardian
18. **Drug Addiction** This information is no longer available from Social Security.
 19. **RSDI Claim Number:** This is the Title II (RSDI) Claim Number on which the recipient is potentially entitled or insured.
 20. **County:** This is the individual's county of residence and county number. If the individual's state or jurisdiction is something other than '34' (North Carolina) and the transaction code on the record is **not** '05' (indicating individual moved to another state), the following message displays in the 'county' field: OUT OF STATE. Contact the SSA to determine if the recipient should receive Medicaid from the state of North Carolina.
 21. **Residency:** The date the recipient began living in the current state and county.
 22. **Telephone:** The recipient's area code and telephone number.
 23. **Mailing Address:** The name and mailing address that appears on the SSI check and other correspondence to the individual and his/her representative payee.
 24. **Residence:** The address where the recipient lives if the address is different from the recipient's mailing address. Otherwise, it is blank.

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VSD901-2	N.C. DEPT. OF HEALTH AND HUMAN SERVICES	TODAY S DATE: 07/24/1998
	SDX INFORMATION	PROCESS DATE: 07/22/1998
RECIPIENT:	XXXXXXX	SSN: XXX-XX-XXXX
SSI APPLIC DATE:	09/14/1983	DENIAL CODE-DATE: -
SSI APP FILE DTE:	09/15/1983	APPEAL CODE-DATE-FLAG -
SSI ELIGIBLE DTE:	08/01/1989	APPEALS DECISION CD/DT -
DISABILITY ONSET:	09/14/1983	RECORD ID CODE: P
DISABILITY PAY:	F	TRANSACTION CODE: 06
MEDICAID EFF DTE:	01/01/1995	LAST TRANS TYPE-DATE: EN - 12/10/1993
UNPAID MED EXP:		3RD PARTY INSUR IND:
REDETERMINE DATE:	06/1993	3RD PARTY INSUR DATE:
		FED ELIGIBILITY CODE: E
CHANGE MONTH:	01/95 08/93 08/89 07/89 04/89	
JURIS STATE-CNTY:	34-92 34-92 30-06 30-06 30-06	
PAYMENT STATUS:	C01 C01 C01 NO1 CO1	
FED LIVING ARGMT:	C C C C C	
MEDICAID ELIG CD:	Y S S S S	
PF1/13=NEXT PAGE:2	PF2/14=PREV NEXT SELECTION:	F3/15=MENU DCN: PF8/20=BENDEX KEYS:

25. **SSI APPLIC DATE:** The date the claimant filed an application for SSI benefits or the date the individual is deemed to have filed the application.
26. **SSI APP FILE DATE:** The actual filing date of the application if it differs from the application date. The actual filing date usually is later than the application date if the individual filed an application after making written or oral inquiry to the SSA office which indicated the intent to file an SSI application.
27. **SSI ELIGIBLE DATE:** The date the recipient was first determined eligible or most recently redetermined eligible after a period of ineligibility. This is the effective date of the first SSI payment. SSA also calls this the Application Effective Date.
28. **DISABILITY ONSET:** The date of disability onset as alleged by the claimant during the period in which the case is awaiting a medical determination, or if the case has been medically denied. After a final disability/blindness determination has been made, the date of onset will be either:

The date of disability onset established for Title II (RSDI) purposes in a concurrent Title/Title XVI allowance.

OR

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The date of onset established for Title XVI only medical allowances. This date is no earlier than the effective month of the SSI application unless information in the medical file supports an earlier onset.

- 29. DISABILITY PAY:** An indicator of the status of SSI disability and blind cases.
- F** Final determination-allowance
 - P** Presumptive finding
 - R** Referred to State agency. Code indicates pending determination or final determination-denied
 - S** State determination (conversion cases only) - allowance
 - T** Presumptive finding - state conversion case
 - X** No disability determination made (claim denied on basis of non-disability issues)
 - Blank** Not applicable
- 30. MEDICAID EFF DATE:** The most current period of eligibility or referral for Medicaid.
- a. If the SSI recipient moves from a 209b State to a 1634 State, this reflects the date for which residence in the current state is established.
 - b. If the SSI recipient moves from a 1634 State to a 209b State, this date does not change unless eligibility factors cause a change in the Medicaid Eligibility Code.
- 31. UNPAID MED EXP:** This reflects whether the claimant was incurred any medical expenses during the three months before the application filing date.
- Y** Unpaid medical bills exist
 - N** Unpaid medical bills do not exist
 - Blank** Not Applicable
- 32. REDETERMINE DATE:** The completion date of the last redetermination.
- 33. DENIAL CODE-DATE:** The reason and date a claimant was initially denied for SSI. The date may precede the Record Processing Date, the Last Transaction Date, and the Record Establishment Date because SSA's system applies it as soon as it is transmitted.
- BLANK** Applicant was not initially denied.
 - NO1** Non-pay - Recipient's Countable income exceeds Title XVI payment amount.

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N02	Non-pay - Recipient is inmate of public institution.	
N03	Non-pay - Recipient outside of the U.S.	
N04	Non-pay - Recipient's non-excludable resources exceed Title XVI limitations.	
N05	Non-pay - Unable to determine if eligibility exists.	
N06	Non-pay - Recipient failed to file for other benefits.	
N07	Non-pay -Cessation of the recipient's disability.	
N08	Non-pay - Cessation of the recipient's blindness.	
N09	Non-pay - Recipient refused vocational rehabilitation without good causes.	
N10	Non-pay - Recipient refused treatment for drug addiction.	
N11	Non-pay - Recipient refused treatment for alcoholism.	
N12	Non-pay - Recipient voluntarily withdrew from program.	
N13	Non-pay - Not a citizen or an eligible alien.	
N14	Non-pay - Aged claim denied for age.	
N17	Non-pay - Failure to pursue claim by the applicant.	
N19	Non-pay - Recipient has voluntarily terminated participation in the SSI program.	
N20	Non-pay - Recipient failed to furnish a required report.	
N22	Non-pay - Inmate of a public institution	
N23	Non-pay - Not a U.S. citizen	
N24	Non-pay - Administrative Sanctions penalty imposed because claimant has provided false or misleading statements to obtain benefits	
N25	Non-pay - Claimant is fleeing to avoid prosecution for, or custody or confinement after conviction for a crime which is a felony	
N27	Non-pay - Disability terminated due to Substantial Gainful Activity (SGA).	
N30	Non-pay - Slight impairment - medical consideration alone, no visual impairment	

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N31	Non-pay - Capacity for SGA - customary past work, no visual impairment	
N32	Non-pay - Capacity for SGA - other work, no visual impairment	
N33	Non-pay - Engaging in SGA despite impairment, no visual impairment.	
N34	Non-pay - Impairment is no longer severe at time of adjudication and did not last twelve months, no visual impairment.	
N35	Non-pay - Impairment is severe at time of adjudication but not expected to last twelve months, no visual impairment.	
N36	Non-pay - Insufficient, or no, medical data furnished, no visual impairment	
N37	Non-pay - Failure, or refusal, to submit to consultative examination, no visual impairment	
N38	Non-pay - Applicant does not want to continue development of the claim, no visual impairment	
N39	Non-pay - Applicant willfully failed to follow prescribed treatment, no visual impairment	
N40	Non-pay - Impairment(s) does not meet or equal listing (disabled child under age eighteen only), no visual impairment	
N41	Non-pay - Slight impairment - medical condition alone, visual impairment.	
N42	Non-pay - Capacity for SGA - customary work, visual impairment.	
N43	Non-pay - Capacity for SGA - other work, visual impairment.	
N44	Non-pay - Engaging in SGA despite impairment, visual impairment.	
N45	Non-pay - Impairment no longer severe at time of adjudication and did not last twelve months, visual impairment.	
N46	Non-pay - Impairment is severe at the time of adjudication, but not expected to last twelve months, visual impairment.	
N47	Non-pay - Insufficient or no medical evidence furnished, visual impairment.	
N48	Non-pay - Failure, or refusal, to submit to consultative, visual impairment.	

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N49	Non-pay - Applicant does not want to continue development of the claim, visual impairment.
N50	Non-pay - Applicant willfully fails to follow prescribed treatment, visual impairment.
N51	Non-pay - Impairment(s) does not meet or equal listing (disabled child under age eighteen only), visual impairment.
N52	Non-pay - Deleted from the state rolls before January 1973 payment.
N53	Non-pay - Deleted from the State rolls after January 1973 payment.
N54	Non-pay - SSA District Office unable to locate client.
N55	Impairment due to DAA (visual impairment)
N56	Impairment due to DAA (visual impairment)

34. **APPEAL CODE- DATE - FLAG:** The status of an appeal, the month and year of the most recent appeal action, and the indicator of an appeal.

APPEAL CODE

A	Appeals Council Review
C	Court Case
H	Hearing
R	Reconsideration
O	Class Action

APPEAL FLAG

NOTE: **Goldberg/Kelly appeal rights require that an individual be given advance notice prior to any reduction, suspension or termination of payments. After receipt of the notice, the individual may appeal this action within 60 days. If the appeal is filed within 10 days, the individual generally will receive payment at the prior rate until this appeal is resolved. Also, if the notice is not sent timely, the SSI**

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system continues payment for the month following the month of the notice.

BLANK	No actual or potential Goldberg/Kelly involvement or Notice or Planned Action has been sent but no appeal has been filed or the potential appeals period has expired
I	In payment maintenance, but independent intervening event is applicable, Goldberg/Kelly applies
S	In payment maintenance, but eligibility exceeds PPL (Protected Payment Level), Goldberg/Kelly applies
P	Notice of Planned Action has been sent and appeal has been filed.
T	Notice of Planned Action has been sent, but could not be sent timely; thereafter, the higher payment has been maintained.

35. **APPEALS DECISION CD/DT:** This field includes a 2 character code that indicates the actual appeal decision and the date the decision was rendered.

AD	Dismissed/Abandoned
FA	Favorable/SSA Appealed (court case only)
FC	Fully/Partially Favorable (Converted Records only)
FF	Fully Favorable
FN	Favorable/SSA Not Appealed (Court Case only)
OT	Closed: Other
FF	Partially Favorable
T1	Dismissed: Claimant Deceased
UA	Unfavorable/Not Appealed by Recipient (Court Case only)
UF	Unfavorable
UN	Unfavorable/Not Appealed by Recipient (Court Case only)
WC	Dismissed: Withdrawn (Converted Records only)
WD	Dismissed: Withdrawn
1D	Dismissed: Cannot be Appealed
2D	Dismissed: Filed by Improper Requestor
3D	Dismissed: Filed Prematurely

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4D Dismissed: **Filed late without good cause**

36. **RECORD IDENTIFICATION CODE:** Identifies the type of SSI master record.

C Couple (eligible individual with eligible spouse)

F Child claim with father

I Individual (with or without ineligible spouse)

M Child claim with mother

P Child claim with parents

X State-to-SSA record exception

37. **TRANSACTION CODE:** The action and/or source of the SDX record.

OP Identifies a pending record

OW Identifies a T30 termination

OX Identifies a TS0 reaccretion, potentially ineligible

OY Identifies a T30 reaccretion, potentially ineligible

OZ Identifies a T30 new/replacement record

NOTE: **Currently, the SSI system cannot automatically compute the payment in certain instances. The District Office may initiate a "Force Payment" in this situation, which places the record into manual control. The T30 process allows SSA to terminate an existing record and establish a replacement record to "re-automate" the record.**

01 New claim - currently eligible. If Payment Status Code is "E01", no SSI payment is made.

02 New Claim - currently ineligible

03 New to State - eligible for SSI and/or supplementation in new State

04 New to State - Ineligible in new State

05 Individual moved to another State

06 Change, other than a change of address, has occurred

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- | | |
|-----------|---|
| 07 | Nonpayment or termination transaction to a record in pay status "C01", "E01", "M01", "P01" or "SXX" or a change to an ineligible record that does not affect eligibility status |
| 08 | Interstate change of address and/or payee name change |
| 09 | Interstate change of address and change in amount paid |
| 10 | State identification number accreted |
| 16 | Combination of codes "06" and "10" |
| 17 | Combination of codes "07" and "10" |
| 20 | State identification number not accreted due to mismatch |
| 30 | State identification number changed |
| 36 | Combination of codes "06" and "30" |
| 37 | Combination of codes "07" and "30" |
| 40 | State identification number not changed due to mismatch |
| 50 | State identification number deleted |
| 56 | Combination of codes "06" and "50" |
| 60 | State identification number not deleted due to mismatch |
| 70 | Requested SDX record provided in response to State query |
| 80 | No requested SDX data due to mismatch |
| 90 | No requested SDX data provided due to mismatch, the State requested a pending record and no record is in file |
| AO | State cross-reference WIN updated |
| A6 | Combination of codes "AO" and "06" |
| A7 | Combination of codes "AO" and "07" |
| BJ | Identifies a "503 Leads" file record |
| BO | IAR transaction processed |
| CO | IAR transaction rejected |
| RF | Identifies a reconciliation file record |

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38. **LAST TRANS TYPE-DATE:** The most recent event and the date it was applied to the SSA'S records. Although more than one reportable event may have occurred simultaneously, the event reflected is based on an established priority.
- A1** Eligible individual name change
 - AD** Address change or correction
 - BA** Dedicated Account Balance
 - BC** Direct deposit
 - CC** Folder involvement
 - CF** Conserved funds
 - CG** Case characteristics
 - CH** Returned check
 - CM** Multicategories
 - CO** Overpayment information
 - CF** Refund amount
 - D1** Death from DO
 - D3** Death notice from MBR interface
 - D4** Death notice from Treasury Notification Process
 - DA** Diary code and date
 - DD** Direct deposit change
 - DL** Deletion
 - DM** Deemed Income or, if date is 08/37/74, a special diary selection
 - DO** Date of disability onset
 - DT** Drug/Alcohol addiction
 - DW** Debt wipe out
 - DY** Selected for diary action
 - EM** Earned Income
 - EN** Earned Income
 - EP** Advance payment

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FL	December 1973 Federal living arrangement
FS	Food Stamp
FV	Foreign language notice
GA	Grant amount
GC	Goldberg-Kelly notice date
GF	Adverse action
GJ	Protected payment level
GM	Minimum benefit level
IC	Initial Claims accretion
IF	MBR or Master Earning File interface reply
IR	IRS interface select
JA	Legal guardian agency
JB	Legal guardian consular code
JC	Legal guardian foreign country
JD	Legal guardian foreign postal zone
JM	Legal guardian mailing address
JN	Legal guardian name
JP	Legal guardian telephone number
JW	Legal guardian foreign telephone number
JZ	Legal guardian Zip Code
KE	Authorized representative Out-of-Pocket expenses
KM	Authorized representative mailing address
KN	Authorized representative payee name
KP	Authorized representative telephone number
KQ	Authorized representative fee agreement involved claim
KR	Authorized representative fee approving office site

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KS	Authorized representative fee status	
KT	Authorized representative payee type	
KX	Authorized representative telephone extension	
KZ	Authorized representative Zip Code	
LA	Federal living arrangement	
LT	Last transaction	
M1/3	Cross-reference number	
MA	Title II payment	
MB	MBR change, other than death activity	
MC	IRS data	
MD	Medical data	
MG	Medical recovery	
MI	Title II C.P.S.	
MM	Misused money	
MP	Manual payment	
NC	Non-receipt of check	
ND	Date of overpayment notice	
NM	Accounting done	
NP	Notice - paragraphs	
NU	NUMIDENT reply	
OL	Online transaction	
ON	Automated One-Time Payment	
PC	SF-1184 of deletion of a returned check	
PL	Appeals request	
PN	Payee's name	
PR	Prior error input	
PS	Payment status	

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RA	Residence address
RB	Rollback
RC	Returned check for other than death
RD	Resource disposal
RE	Resources
RF	1619(b) redetermination selection
RG	Redetermination selection
RI	Limited issue redetermination selection
RK	Zebley redetermination needs development
RP	Representative payee
RR	Remittance register refund
RS	Data Operation Center redetermination second request
RT	Selected for redetermination
RV	Redetermination pending indicator deleted
RW	Redetermination established on start date record
RX	Redetermination transfer (high response record)
RY	Redetermination transfer
RZ	Redetermination
SB	Suspend billing
SC	State/County of conversion
SE	Summary earnings record enforcement
SI	Title XIX status
SO	Systems override
SZ	Special action code
TL	Telephone number
TP	Type of claim

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TR	Transmission router
UC	Un-negotiated check (credit)
UD	Un-negotiated check (debit)
UF	Limited Payability
UG	Limited Payability
UH	Limited Payability
UL	Limited Payability
UM	Unearned income
VA	VA interface
VB	RRB interface
VC	Federal civil service interface
W	Welfare number
WA	Waiver
WI	Windfall offset data
XD	Representative payee system direct deposit
XI	Mass address or EIN re-payee change
ZC	ZIP code (residence address)
ZP	ZIP code (mailing address)
Z4	IRS interface reply

39. **3RD PARTY INSUR IND - DATE:** An indicator of third party liability for health care expenses, and the effective date of the recipient's third party liability enrollment.

A	Applicant refuses to assign rights for third party insurance.
N	Third Party liability does not exist.
Q	Medicaid Qualifying liability may exist.
R	Applicant refuses to cooperate in providing third party liability data.

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- | | | |
|--|--------------|---|
| | Y | Third Party liability does exist and applicant agrees to assign rights. |
| | BLANK | Not applicable. |
40. **FEDERAL ELIGIBILITY CODE:** Identifies eligibility for SSI payment in the current month.
- | | | |
|--|--------------|----------------|
| | E | Eligible |
| | N | Not eligible |
| | BLANK | Not applicable |
41. **CHANGE MONTH:** The month in which one of the following items changed: Medicaid Eligibility Code, Payment Status Code, Federal Living Arrangement Code, State and County of Jurisdiction.
42. **JURIS STATE/COUNTY:** The State and County of residence for the recipient unless another state and county have jurisdiction.
43. **PAYMENT STATUS:** This consists of two data elements; the first position reflects the status of the SSI payment. The second and third positions reflect the reason for the status.
- | | |
|------------------------------------|---|
| First
Position
Code | Value |
| C | Indicates the recipient is eligible for SSI/State Supplemental payments and payments due. |
| E | Indicates eligibility for Federal and/or State benefits based on the eligibility computation but no payment is due. |
| H | Indicates a case in "hold" status, final disposition is pending. |
| M | Indicates a case is under manual control. Case is known as "forced payment" although payment may not be involved. |
| N | Indicates the claimant/recipient is not eligible for SSI/State Supplemental payments or that a previously eligible recipient is not currently eligible. |
| S | Administrative suspense. Indicates recipient may still be eligible for SSI/State Supplemental payments, but payment is being withheld. |
| T | Indicates SSI/States Supplemental eligibility is terminated. A record may be terminated and a new record established, in certain situations. |
- Full**

VERIFICATION INQUIRIES		
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Code	Value	
CO1	Current Pay	
E01	Eligible for Federal and/or State benefits based on the eligibility computation, but no payment is due based on the payment computation.	
E02	Indicates the application month for which no payment is issued.	
H10	Living Arrangement change is in progress.	
H20	Marital Status change is in progress.	
H30	Resource change is in progress.	
H40	Student Status change is in progress.	
H50	Head of Household change is in progress.	
H60	Hold pending receipt of date of death.	
H70	Hold pending transmission of one-time payment data.	
H80	Early input.	
M01	Force Payment - Recipient may be in payment or non-payment status. See SSI Gross Payable Amount or State Supplement Gross Payable Amount for eligibility amount. These two will equal zeros if the recipient is in non-payment status.	
M02	Force Due	
N01	Non-pay - Recipient's countable income exceeds Title XVI payment amount and his/her State's payment standard. Also used for 1619(b) participants.	
N02	Non-pay - Inmate of public institution	
N03	Non-pay - Outside of the U.S.	
N04	Non-pay - Nonexcludable resources exceed Title XVI limitations.	
N05	Non-pay - Unable to determine if eligibility exists.	
N06	Non-pay - Failed to to file for other benefits.	
N07	Non-pay - Recipient's disability ceased. Not disabled.	
N08	Non-pay - Recipient's blindness ceased. Not blind.	
N09	Non-pay - Refused vocational rehabilitation without good cause.	

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N10	Non-pay - Refused treatment for drug addiction.	
N11	Non-pay - Recipient refused treatment for alcoholism.	
N12	Non-pay - Recipient voluntarily withdrew from programs.	
N13	Non-pay - Not a citizen or an eligible alien.	
N14	Non-pay - Aged claim denied for age.	
N17	Non-pay - Failure to pursue claim by the claimant.	
N18	Non-pay - Failure to cooperate.	
N19	Non-pay - Recipient has voluntarily terminated participation in the SSI program.	
N20	Non-pay - Recipient failed to furnish a required report or information.	
N22	Non-pay - Inmate of a correctional institution.	
N23	Non-pay - Not a U.S. resident.	
N24	Non-pay - Administrative Sanctions penalty imposed because claimant has provided false or misleading statements to obtain benefits.	
N25	Non-pay - Claimant is fleeing to avoid prosecution for, or custody or confinement after conviction for, a crime which is a felony, or is violating a condition of probation or parole imposed under Federal or State laws.	
N27	Non-pay - Disability terminated due to Substantial Gainful Activity (SGA).	
N30	Non-pay - Slight impairment - medical consideration alone, no visual impairment.	
N31	Non-pay - Capacity for SGA - customary past work, no visual impairment.	
N32	Non-pay - Capacity for SGA - other work, no visual impairment.	
N33	Non-pay - Engaging in SGA despite impairment, no visual impairment.	
N34	Non-pay - Impairment is no longer severe at time of adjudication and did not last twelve months, no visual impairment.	
N35	Non-pay - Impairment is severe at time of adjudication but not expected to last twelve months, no visual impairment.	

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N36	Non-pay - Insufficient, or no, medical data furnished, no visual impairment.	
N37	Non-pay - Failure, or refusal, to submit to consultative examination, no visual impairment.	
N38	Non-pay - Applicant does not want to continue development of the claim, no visual impairment.	
N39	Non-pay - Applicant willfully fails to follow prescribed treatment, no visual impairment.	
N40	Non-pay - Impairment(s) does not meet or equal listing (disabled child under age eighteen only), no visual impairment.	
N41	Non-pay - Slight impairment - medical condition alone, visual impairment.	
N42	Non-pay - Capacity for SGA - customary work visual impairment.	
N43	Non-pay - Capacity for SGA - other work, visual impairment.	
N44	Non-pay - Engaging in SGA despite impairment, visual impairment.	
N45	Non-pay - Impairment no longer severe at time of adjudication and did not last twelve months, visual impairment.	
N46	Non-pay - Impairment is severe at the time of adjudication but not expected to last twelve months, visual impairment.	
N47	Non-pay - Insufficient, or no, medical evidence furnished, visual impairment.	
N48	Non-pay - Failure, or refusal, to submit to consultative examination, visual impairment.	
N49	Non-pay - Applicant does not want to continue development of the claim, visual impairment.	
N50	Non-pay - Applicant willfully fails to follow prescribed treatment, visual impairment.	
N51	Non-pay - Impairment(s) does not meet or equal listing (disabled child under age eighteen only), visual impairment.	
N52	Non-pay - Deleted from the State rolls before January 1973 payment.	
N53	Non-pay - Deleted from the State rolls after January 1973 payment.	
N54	Non-pay - District office unable to locate applicant.	

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N55	Impairment due to DAA (no visual impairment)	
N56	Impairment due to DAA (visual impairment)	
S01	Suspended - Suspension of payments due to report of death; potential automated death case.	
S04	Suspended - System is awaiting disability determination (system generated).	
S05	Suspended - SGA decision pending.	
S06	Suspended - Recipient address unknown.	
S07	Suspended - Returned check for other than death, address, payee change, or death of representative payee.	
S08	Suspended - Representative payee development pending.	
S09	Suspended - Miscellaneous suspense code.	
S10	Suspended - Adjudicative suspension (system generated).	
S20	Suspended - Potential rollback case or disability made prior to July 1973 (inactive).	
S21	Suspended - The recipient is presumptively disabled or blind and has received three months payments.	
T01	Terminated - Death of the recipient.	
T20	Terminated - Received payment under two different account numbers.	
T22	Terminated - Received payment under two different accounts, termination resulted from electronic screening.	
T30	Terminated - Manual termination (payment previously made). Change in record composition requires termination of existing record (see SI 02601.51O).	
T31	Terminated - System generated termination (payment previously made).	
T32	Terminated - Systems generated termination of large records.	
T33	Terminated - manual termination (no previous payment made).	
T50	Terminated - Manual termination (no previous payment made).	
T51	Terminated - System generated termination (no previous payment made).	

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44. **FED LIVING ARGMT:** The type of Federal living arrangement (for the current month) of the recipient for Title XVI purposes.
- A** Own household
 - B** Another's household
 - C** Parent's household (for child cases only)
 - D** Title XIX institution
 - BLANK** Individual is in a non-Title XIX institution, living arrangement change in progress, or outside the U.S.
45. **MEDICAID ELIG CD:** An indicator of the recipient's Medicaid eligibility status.
- A** Refused to assign rights to third party medical payments or individual refuses to provide third party liability information. Referred to State; Federal determination not possible.
 - B** Deeming waived; child under a State home care plan
 - C** Federally administered Medicaid coverage should be continued regardless of payment status code (e.g., 1619b participants)
 - D** Disabled adult child
 - F** Title VIII Recipient - foreign nationals who served in WWII and have moved out of US. (No longer eligible for SSI.)
 - G** Goldberg/Kelly payment continuations
 - N** Eligible for Medicaid (N24 Payment Status only)
 - P** Individual whose disability is based on drug and/or alcohol addiction and whose SSI check has been suspended because he failed to seek and participate in treatment or he does not obtain a representative payee. Medicaid eligibility continues.
 - Q** Medicaid Qualifying Trust may exist.
 - R** Referred to the State for determination because a Federal determination is not possible.
 - S** State determination; not SSA responsibility
 - W** Widow(er)
 - Y** Eligible for Medicaid

SCREEN THREE

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VSD901-3	N.C. DEPT. OF HEALTH AND HUMAN SERVICES	TODAY S DATE: 07/24/1998
	SDX INFORMATION	PROCESS DATE: 07/22/1998
RECIPIENT: XXXXXXXX	BILL H	SSN: XXX-XX-XXXX
PAYMENTS:	AUGUST	JULY JUNE MAY
COUNTY:	92	92 92 92
SSI GROSS AMOUNT:	446.00	435.20 435.20 435.20
SSI MO. ASSIST AMT:	401.40	390.60 390.60 390.60
COUNTABLE EARNED:		
COUNTABLE UNEARNED:		
CONDITIONAL PYMT:		---- EARNED INCOME ----
DEEMED INC:		PERIOD:
ADVANCE PAYMENT:		WAGE EST:
OVER/UNDER PAY IND: 0		RETRO AMT:
OVER PAY BALANCE: 1461.90		SELF EMPLOY:
OVER PAY WAIVER:		
CUR RECOVERY AMT: 44.60		BUDGET MONTH IND: 2
BLIND WORK EXPENSE:		
PF1/13=NEXT PAGE:3	PF2/14=PREV NEXT SELECTION:	F3/15=MENU DCN: PF8/20=BENDEX KEYS:

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46. **PAYMENTS FOR CURRENT AND PRIOR THREE MONTHS:**
- a. **COUNTY:** The State and County of residence for the recipient unless another state and county have jurisdiction.
 - b. **SSI GROSS AMOUNT:** The amount the recipient is entitled to receive before any adjustments for overpayments.
 - c. **SSI MO ASSIST AMT:** The cumulative SSI payment(s) actually paid to the recipient under Title XVI.

This is the amount of the previous month's check, plus any under-payments which have been issued since the monthly run.
 - d. **COUNTABLE EARNED:** The current month's amount of earned income, after all exclusions are applied; used in determining eligibility and if the Budget Month Flag is equal to zero, compiling the payment. The portion of a work study program that is not allocated for school, book, lab fees, and transportation is included as Earned Income.
 - e. **COUNTABLE UNEARNED:** The current month's amount of unearned income after all exclusions are applied; used in determining eligibility and, if the Budget Month Flag is zero, computing the benefit; including income deemed to the eligible individual if applicable.
47. **CONDITIONAL PYMT:** An indicator of whether or not a payment is, or was, subject to disposition of excess resources. When a payment is no longer conditional, the code "C" remains in this data element.
- | | |
|--------------|-----------------|
| C | Conditional |
| N | Not conditional |
| BLANK | Not applicable |
48. **DEEMED INC:** The current month's amount of income deemed to the eligible individual used in determining eligibility and, if the Budget Month Indicator is zero, computing the SSI payment.
49. **ADVANCE PAYMENT:** The amount of emergency payment to the recipient. This amount is subtracted from the first payment. This data is not removed from the record.
50. **OVER/UNDER PAY IND:** Indicates whether or not overpayments and/or underpayments exist, and if the balance is reflected in the SSI Monthly Assistance amount.
- | | |
|----------|---|
| O | Overpayment exists |
| U | Underpayments exists |
| B | Both overpayment and underpayment exist |

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51. **OVER PAY BALANCE:** The remainder after subtracting the overpayment amount collected from the overpayment amount outstanding.
52. **OVER PAY WAIVER:** The amount of overpayment which has been waived from recovery efforts.
53. **CUR RECOVERY AMT:** The amount of advanced payment or overpayment recovered from the payment month's check.
54. **BLIND EXPENSE:** The amount of work expenses of a blind recipient for the month in the Earned Income Period which may be excluded from the earned income amount.
55. **EARNED INCOME**
 - a. **PERIOD:** The month and year to which the earnings are to be charged. Earned income is shown on a monthly basis.
 - b. **WAGE EST:** The gross amount of wages which the recipient expects to earn in the month reflected in the Earned Income Period.
 - c. **RETRO AMT:** The amount of earned income used in computing the payment if the Budget Month Flag is not zero or blank. This will always be zeroes if the Budget Month Flag is zero or blank.
 - d. **SELF EMPLOY:** The estimated net amount of self-employment income for the period shown in the Earned Income Period.
56. **BUDGET MONTH IND:** The budget month used for computation purposes.
 - 0** Payment is based on factors in the computation month.
 - 1** Payment is based on factors one month before the computation month.
 - 2** Payment is based on factors two months before the computation month.

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STATE DATA EXCHANGE (SDX) **September 1, 2001**

SCREEN FOUR

VSD901-4		N.C. DEPT. OF HEALTH AND HUMAN SERVICES		TODAY S DATE: 07/24/1998		
		SDX INFORMATION		PROCESS DATE: 07/22/1998		
RECIPIENT: XXXXXXXX		BILL H		SSN: XXX-XX-XXXX		
----- UNEARNED INCOME INFORMATION -----						
TYPE	START	STOP	AMOUNT	FREQUENCY	CLAIM ID	VERIFICATION
V	09/1985	09/1985	464.17	N		0
I	01/1994		669.00	C		0
PF1/13=NEXT		PF2/14=PREV		F3/15=MENU		PF8/20=BENDEX
PAGE:4		NEXT SELECTION:		DCN:		KEYS:

57. **UNEARNED INCOME INFORMATION:**

- a. **TYPE:** Indicates the kind of unearned income the recipient is, or was, receiving. The last three occurrences of RSDI appear. The most recent payments are displayed first, followed by the earlier payments in reverse chronological order. All other types of unearned income reflect the most recent occurrence.
- A** Social Security
 - B** Black Lung.
 - C** VA (not based on need)
 - D** RRB
 - E** VA (based on need)
 - F** Assistance based on need (Work First or SSI)
 - G** Title II income used to offset SSI
 - H** Income in-kind (support and maintenance)
 - I** Ineligible child allocation (the amount of the parents' income that is deemed to another child(ren) in the home).
 - J** Value of one-third reduction: If an individual is living in the household of another, SSA determines the SSI payment by looking at all income, then reducing the SSI payment by one third. The value of the one third reduction is the difference between the full amount of the check and the reduced amount.

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K	Blind countable income
L	Military pension
M	Federal Civil Service pension
N	Support payments received from absent parent
O	Income based on need from private sources
P	Employment-related pension (State or local government retirement, private pension)
Q	Worker's Compensation
R	Rents, interest, dividends, royalties
S	Other
T	Alaska longevity bonus
V	Not deemed income (see Deemed Income Amount and Deemed Income Amount (Retrospective))
W	Title II income used in windfall offset computations
X	Minimum income level amount
Y	Special needs reduction (applies to a Federal countable minimum income level)
BLANK	Not applicable.

- b. **START:** The date when the unearned income started if the payment is monthly or when received if a one-time payment, This is the month in which they receive the check.
- c. **STOP:** The effective date of a termination of unearned income. In a situation where the unearned income changes, this is the last date the previous rate, or one-time payment, was received. If the year is "89", this indicates a payment adjustment is in process.
- d. **AMOUNT:** The monthly amount of unearned income for the recipient.
- e. **FREQUENCY:** Indicates whether or not unearned income is being received, or was received.

C	Continuous monthly payment, or uninsured (Title II claim number suffix "T" or "M"), or Title II benefits in non-pay status
N	One-time payment

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- | | |
|--------------|---|
| R | Used in conjunction with type "A" income to indicate recent RSDI filing, or with type "D" income to indicate potential eligibility to a Railroad Benefit |
| T | Termination of a continuous monthly payment |
| U | Used only in conjunction with a type "D" entry to indicate Railroad Benefit has jurisdiction of the Title II payment and that recipient's entitlement to a Railroad Benefit has not been determined |
| BLANK | Not applicable |
| f. | CLAIM ID: The Claim Number or Claim Identification Number under which each type of unearned income is received. For Income-in-Kind, this data element may contain an identifying legend entered by the District Office; e.g., RENTFREE, FREERENT, ETC. |
| g. | VERIFICATION: This indicates whether or not the unearned income allegations of the recipient have been verified. |
| 0 | Number and income amount have not been verified |
| 1 | Number has been verified, amount has not been verified |
| 2 | Number and income amount have been verified |
| 3 | Number and income amount have not been verified. Title II IMPACC/A payment made |
| 4 | Number has been verified, amount has not been verified. Title II IMPACC/A payment made |
| 5 | If Unearned Income Type Code is equal to "A", number and income amount have been verified for IMPACC/A payment (Code was previously "2"). If Unearned Income Type Code is equal to "X", the Federal Countable minimum income level has been transmitted to the new record following a "T30"/"T50" action. |
| 6 | If Unearned Type Code is equal to "A", IMPACC/A payment has been made (no previous code).

If Unearned Income Type Code is equal to "X", systems generated one-time Title II payment was received in the first quarter of 1974. |
| 8 | Dually entitled to Title II benefits. |
| I | Identification number and amount verified Title II being paid in installments because of DA & A provision |

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BLANK Not applicable

SCREEN FIVE

VSD901-5	N.C. DEPT. OF HEALTH AND HUMAN SERVICES SDX INFORMATION	TODAY S DATE: 07/24/1998 PROCESS DATE: 07/22/1998
RECIPIENT: XXXXXXXX BILL H SSN: XXX-XX-XXXX		
ELIG SPOUSE SSN: 000-00-0000 ESSENTIAL PERSON: 0 ESSENTIAL SSN: 000-00-0000		
---- INELIGIBLE SPOUSE 1 ---- ---- INELIGIBLE SPOUSE 2 ----		
IND: P		
NAME: XXXXX LISA		
SSN: 123-45-6789		
UNEARN INCOME: 11.00		
UNEARN INC TYPE: F		
UNEARN INC FREQ: C		
EARNED INC WAGE:		
SELF EMPLOY INC:		
PF1/13=NEXT PAGE:3	PF2/14=PREV NEXT SELECTION:	F3/15=MENU DCN:
PF8/20=BENDEX KEYS:		

58. **ELIG SPOUSE SSN:** The SSN of the eligible spouse, parent, or eligible individual.
59. **ESSENTIAL PERSON:** Indicates whether an essential person exists in the case and the relationship of the essential person to the eligible individual.
- | | |
|----------|---|
| 0 | None |
| 1 | Essential person is an ineligible spouse |
| 2 | Essential person is a living-with father |
| 3 | Essential person is a living-with mother |
| 4 | A non-relative is in the SSN of Eligible Spouse or Parent |
| 5 | A non-relative is in the SSN of Other parent |
| A | An ineligible spouse and at least one other person are both essential persons |
| B | A living-with father and at least one other person are both essential persons |
| C | A living-with mother and at least one other person are both essential persons |

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- D** There are at least two essential persons, one of whom is in SSN of Other Parent
 - E** There are at least two essential persons, one of whom is in SSN of Other Parent
 - F** A living-with parent is the essential person (applicable in pipeline cases only)
- 60. **ESSENTIAL SSN:** The SSN of the essential person in the record of an eligible individual, or the SSN of the eligible individual in the record of an essential person.
- 61. **INELIGIBLE SPOUSE**
 - a. **IND:** Indicates whose information is present on the record.
 - E** Eligible spouse or eligible individual in the spouse's record
 - I** Ineligible spouse
 - P** Parent
 - b. **NAME:** The name of the ineligible spouse or parent.
 - c. **SSN:** The SSN of the ineligible spouse or parent.
 - d. **UNEARN INCOME:** The monthly amount of unearned income for the ineligible spouse or parent.
 - e. **UNEARN INC TYPE:** The kind of unearned income the ineligible spouse or parent is, or was receiving. The last three occurrences of RSDI appears. The most recent payments are displayed first, followed by the earlier payments in reverse chronological order. All other types of unearned income reflect the most recent occurrence.
 - A** Social Security
 - B** Black Lung
 - C** VA (not based on need)
 - D** RRB
 - E** VA (based on need)
 - F** Assistance based on need (Work First Family Assistance or SSI)
 - G** Title XVI offset

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	H	Income in-kind (support and maintenance)
	I	Ineligible child allocation (the amount of the parents' income that is deemed to another child(ren) in the home.)
	J	Value of one-third reduction: If an individual is living in the household of another, SSA determines the SSI payment by looking at all income, then reducing the SSI payment by one third. The value of the one third reduction is the difference between the full amount of the check and the reduced amount.
	K	Blind countable income
	L	Military pension
	M	Federal Civil Service pension
	N	Support payments received from absent parent
	O	Income based on need from private sources
	P	Employment-related pension (State or local government retirement, private pension)
	Q	Worker's Compensation
	R	Rents, interest, dividends, royalties
	S	Other (This includes the portion of a PELL grant designated for food, utilities, and shelter).
	T	Alaska longevity bonus
	V	Not deemed income (see Deemed Income Amount and Deemed Income Amount [Retrospective])
	W	Title II offset
	X	Minimum income level amount
	Y	Special needs reduction (applies to a Federal countable minimum income level)
	BLANK	Not applicable
e.	UNEARN INC FREQ: Indicates whether or not unearned income is being received, or was received.	
	C	Continuous monthly payment, or uninsured (Title II claim number suffix "T" or "M"), or Title II benefits in non-pay status

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N	One-time payment
R	Used in conjunction with type "A" income to indicate recent RSDI filing, or with type "D" income to indicate potential eligibility to a Railroad Benefit
T	Termination of a continuous monthly payment
U	Used only in conjunction with a type "D" entry to indicate Railroad Benefit has jurisdiction of the Title II payment and that recipient's entitlement to a Railroad Benefit has not been determined.
BLANK	Not applicable

- f. **EARN INC WAGE:** The gross amount of wages for the month which the ineligible spouse or parent expects to earn in the month reflected in the Earned Income Period.
- g. **SELF EMPLOY INC:** The estimated net amount of self-employment income for the ineligible spouse or parent for the period shown in the Earned Income Period.

SCREEN SIX

VSD901-6	N.C. DEPT. OF HEALTH AND HUMAN SERVICES	TODAY S DATE: 07/24/1998
	SDX INFORMATION	PROCESS DATE: 07/22/1998
RECIPIENT: XXXXXXXX	BILL H	SSN: XXX-XX-XXXX
--RESOURCES --		
HOUSE: Z	MEDICARE ENTITLEMENT CD:	N
VEHICLE: Z	QUAL MEDICARE BENEFICIARY:	
INSURANCE: Z	FOOD STAMPS APP-DATE-STAT:	N - 06/1993 - N
PROPERTY: Z	ALIEN IND-RESIDENCY DATE:	A -
OTHER: Z	COUNTRY OF ORIGIN:	
	ALIEN SPONSOR STATUS CODE:	
	ALIEN ELIGIBILITY CODE:	
	FOREIGN LANGUAGE CODE:	
PASS:	ZEBLEY IND:	
1619A:	ROLLBACK:	
1619B	DIR DEPOSIT: C	
SSN VERIFY CD:		
MULTIPLE SSN:		
PF1/13=NEXT PAGE:3	PF2/14=PREV NEXT SELECTION:	F3/15=MENU PF8/20=BENDEX DCN: KEYS:

62. RESOURCES

- a. **HOUSE:** Indicates whether or not the recipient owns a house.

A	Possession of a home - principal place of residence
S	Equity in a non-excludable property is expected to increase in value
T	Home and equity in non-excludable property
Z	None
BLANK	Not determined

- b. **VEHICLE:** Indicates whether or not recipient owns a vehicle. If so, the code indicates whether or not the individual must dispose of the vehicle.

B	Owens a vehicle - either over or under the limit
K	Individual is required to dispose of the vehicle
Z	None
BLANK	Not determined

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- c. **INSURANCE:** Indicates whether or not the recipient has life insurance. If so, the code indicates whether or not the individual must dispose of the life insurance.
- | | |
|--------------|---|
| C | Life insurance - face value is over \$1,500.00 |
| L | Individual is required to dispose of the life insurance |
| Z | None |
| BLANK | Not determined |
- d. **PROPERTY:** Indicates whether or not the recipient owns income producing property. If so, the code indicates whether or not the individual must dispose of the property.
- | | |
|--------------|--|
| D | Income producing property is under or over the limit |
| M | Individual is required to dispose of the income producing property |
| Z | None |
| BLANK | Not determined |
- e. **OTHER:** Indicates whether or not the recipient owns other resources. If so, the code indicates whether or not the individual must dispose of the other resources.
- | | |
|--------------|--|
| E | Owens other resources over the limit |
| N | Individual is required to dispose of the other resources |
| Z | None |
| BLANK | Not determined |
63. **PASS:** (Plan for Achieving Self-Support): This is the monthly amount of earned income for blind and disabled recipients which may be excluded under an approved plan for achieving self-support.
64. **1619A:** Indicates if recipient is eligible for special payments under 1619(a) provisions.
- | | |
|----------|--|
| D | The presence of one of these codes indicates monthly |
| E | Gross earned income to be the Substantial Gainful |
| F | Activity level with SSI payment continuation under |
| G | 1619(a). |
65. **1619B:** Indicates if recipient is considered an SSI recipient for Medicaid purposed under 1619(b) provisions.

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	<p>A Individual meets the SSI income test; however, no date has been entered by SSA for Medicaid use and insufficiency of earning test. (This individual may be eligible for 1619(b) status but a determination by SSA has not been made.)</p> <p>B Individual meets the SSI income test and also meets the Medicaid use and insufficiency of earnings test. (This individual has been determined eligible for 1619(b) status by SSA.)</p> <p>F Individual meets the SSI income test. The Medicaid use and insufficiency of earnings tests decision pending with SSI. (This individual may be eligible for 1619(b) status but a determination by SSA has <u>not</u> been completed.)</p> <p>BLANK Not eligible</p>	
66.	SSN VERIFY CD: Indicates the possibilities in the List of Multiple SSNs.	
	<p>A Affirmed by SSA District Office</p> <p>I Incorrect SSN, change has been processed</p> <p>N SSN has not been verified</p> <p>P "Pseudo" SSN</p> <p>T Cross-reference number terminated and will not be reaccreted</p> <p>X Cross-reference SSN</p> <p>Y SSN has been verified</p>	
67.	MULTIPLE SSN: The additional SSNs used by the recipient. Up to five SSNs may be listed.	
68.	MEDICARE ENTITLEMENT CD: Reflects the individual's current Medicare entitlement status, as follows:	
	<p>A The individual is covered for Hospital Insurance (Medicare A), but not for Supplementary Medical Insurance (Medicare B)</p> <p>B The individual is covered for Medicare B, but not Medicare A</p> <p>C The individual is covered for both Medicare A and B</p> <p>N The individual is not covered for either Medicare A or B</p>	
69.	<p>NOTE: SSA is not currently sending reliable data in this field.</p> <p>QUAL MEDICARE BENEFICIARY: Not currently in use.</p>	
70.	FOOD STAMPS APP - DATE - STAT: Indicates whether or not SSA personnel took an application for Food Stamps; the month and year of the initial Food Stamp data input; and whether or not the recipient receives Food Stamps or has	

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filed an application for Food Stamps in the past sixty days on which no decision has been made.

APP

Y Yes application taken by SSA personnel
N No, no application taken by SSA personnel
Z Invalid character(s) transmitted
BLANK No input

STAT

Y Yes, either is receiving or applied.
N No, is not receiving and has not applied.
Z Invalid character(s) transmitted
BLANK No input

71. **ALIEN IND - RESIDENCY DATE:** Indicates if the eligible/ineligible individual is in a special alien status and the month and year of residence in the U.S. An entry of "01/74" means the residency began in January 1974 or earlier. For all other dates, it is the actual year and month that residency began.

A Proven born in U.S., U.S. citizen
B Alleged born in U.S., U.S. citizen
C U.S. citizen born outside of the U.S.; this includes naturalized citizens
D Alleged U.S. citizen - Pre-January 01, 1972
E No citizenship or alien status development undertaken; case denied for reason(s) other than citizenship/alien status
F Refugee status - Section 207 or 203(A)(7) of the I.N.A.
G Parole status - Section 212(d) of the I.N.A.
J Deferred action status alien
K Alien lawfully admitted to the U.S. for permanent residence
L Asylum status - Section 208 of the I.N.A.
N Identity and citizenship of the individual verified by the Numident interface (code was previously A or B)

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P	Pre-January 01, 1972 alien (presumed lawfully admitted for permanent residence)
Q	Alleged born in the U.S. - allegation corroborated by a U.S. place of birth shown on the on-line Numident
R	Lawful temporary resident - status granted as a result of the Immigration Reform and Control Act of 1986
S	Lawful permanent residence - status granted as a result of the Immigration Reform and Control Act of 1986.
T	Alien granted voluntary departure
U	Unknown
W	Alien granted stay of deportation
X	Cuban/Haitian entrant
Y	Legalized agricultural worker pursuant to the Immigration Reform and Control Act of 1986
Z	Alien on whose behalf an immediate relative petition has been approved

72. **COUNTRY OF ORIGIN:** The country of origin for recipient.

73. **ALIEN SPONSOR STATUS CODE:** The status of the alien's sponsorship. Codes A, C, D, E, F, G, H, J, and L apply to aliens for whom the sponsor(s) signed the old affidavit of support. Regular deeming rules (spouse-to-spouse or parent-to-child) supersede sponsor-to-alien deeming if the sponsor is also a regular deemer on the alien's record.

Alien Sponsor Status Codes M, N, O, P, Q, R, S, and V apply to aliens for whom the sponsor(s) signed the new affidavit of support. Sponsor-to-alien deeming rules apply regardless of the sponsor's status as a regular deemer on the alien's record.

Alien Sponsor Status Codes B, T, and U can apply to both groups of aliens listed above.

A	No sponsor or the three year deeming period has ended.
B	Sponsor legally exempt from deeming (institution, church, etc.)
C	Sponsor liable for support. Sponsor has no other status, so deeming from sponsor only.
D	Sponsor liable for support. Sponsor also has status as a regular deemer, so regular deeming (spouse-to-spouse or parent-to-child) applies.

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E	Sponsor liable for support. SSA's record has a regular deemer plus the sponsor, so deeming occurs from both the regular deemer (spouse/parent) and the sponsor.	
F	Sponsor liable for support. Sponsor has a spouse. Sponsor has no other status, so deeming from sponsor only.	
G	Sponsor liable for support. Sponsor also has status as a regular deemer, so regular deeming (spouse-to-spouse or parent-to-child) applies. Sponsors are specifically identified as parents of the alien, and both parents (sponsor and sponsor's spouse) are liable for deeming.	
H	Sponsor liable for support. SSA's record has a regular deemer plus the sponsor, so deeming occurs from both the regular deemer (spouse/parent) and the sponsor. Sponsor has a spouse, i.e., deeming has been considered from at least three potential sources: the sponsor, the sponsor's spouse, and the regular deemer on the SSA record (alien's ineligible spouse or parent).	
J	Multiple legal sponsors exist. One or more of the sponsors may have status as a regular deemer on SSA'S record, or one or more of the sponsors may also have a spouse whose income is deemable.	
L	Sponsor is liable for support; however, recipient's disability onset date is later than his/her date of U.S. entry; therefore, exemption applies. No sponsor-to-alien deeming.	
M	Sponsor liable for support. Sponsor does not have other status on the alien's SSA record so deeming occurs only from the sponsor. A new affidavit of support is in effect.	
N	Sponsor liable for support. Sponsor also has status as a regular deemer on the alien's SSA record; however, sponsor-to-alien deeming rules apply since a new affidavit of support is in effect.	
O	Sponsor liable for support. SSA'S record contains a regular deemer plus the sponsor (sponsor is not the regular deemer) and deeming occurs from both the sponsor and the regular deemer (spouse/parent). New affidavit of support is in effect.	
P	Sponsor liable for support. Sponsor does not have other status on the alien's SSA record, so deeming occurs only from the sponsor. A new affidavit of support is in effect. The sponsor has a spouse.	
Q	Sponsor liable for support. Sponsor also has status as a regular deemer on the alien's SSA record; however, sponsor-to-alien deeming rules apply since a new affidavit of support is in effect. The sponsor has a spouse, and the sponsors are specifically identified as parents of the alien, and both parents (sponsor and sponsor spouse) are liable for deeming.	

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- R** Sponsor liable for support. SSA'S record contains a regular deemer plus the sponsor (sponsor is not the regular deemer) and deeming occurs from both the sponsor and the regular deemer (spouse/parent). New affidavit of support is in effect. The sponsor has a spouse. Therefore, deeming is considered from three potential sources: the sponsor, the sponsor's spouse, and the regular deemer (alien's ineligible spouse or parents).
- S** Multiple legal sponsors exist. One or more may have other status as a regular deemer on SSA'S record or one or more of the sponsors may have a spouse whose income is also deemable. A new affidavit of support is in effect.
- T** Sponsor no longer liable; for example, sponsor is deceased.
- U** Unknown; system generated prior to the advent of sponsor-to-alien deeming. Cannot be input by Field Office.
- V** New affidavit is in effect and deeming terminated because alien has acquired 40 work credits.

74. **ALIEN ELIGIBILITY CODE:** The eligibility codes listed below identify those aliens who remain eligible for SSI based on the new requirements in the Welfare Reform Act of August 1996. All asylees (alien indicator of "L") are eligible for five years from the date they were granted asylee status by the Immigration and Naturalization Service.

- 1** Alien admitted to the U.S. as a refugee under section 207 of the Immigration and Nationality Act (INA); can receive SSA for five years beginning with the date of entry into the U.S.
- 2** Alien whose deportation has been withheld under section 243(h) or 241(b)(3) of the INA; can receive SSI for five years beginning with the date the deportation was withheld.
- 3** Alien lawfully admitted for permanent residence who has been credited with 40 work credits. These credits can be earned from the alien's own work or from work done by a parent or spouse of the alien. For initial claims filed after August 22, 1996, these aliens cannot receive SSI for the first five years they are in the U.S.
- 4** Alien on active duty military/veteran
- 5** Spouse of active duty military/veteran
- 6** Child of active duty military/veteran
- 7** This code applies to aliens coded F, G, I, J, K, L, S, X, Y, Z, or 3 in the Alien Indicator code field who were receiving SSI benefits on 8/22/96.

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- | | |
|---|--|
| 8 | Aged alien who is legally residing in the US on 8/22/96 and require a disability determination |
| 9 | Nonqualified aliens coded H, P, R, T, W, or J who were receiving SSI on 8/26/96. |

75. **FOREIGN LANGUAGE CODE:** This code identifies the foreign language preferred over English, with which the person is most comfortable.

- | | |
|----|------------------------|
| 01 | English |
| 02 | Spanish |
| 03 | American Sign Language |
| 04 | Arabic |
| 05 | Armenian |
| 06 | Cantonese |
| 07 | Farsi |
| 08 | French |
| 09 | German |
| 10 | Greek |
| 11 | Haitian-Creole |
| 12 | Hindi |
| 13 | Hmong |
| 14 | Italian |
| 15 | Japanese |
| 16 | Khmer |
| 17 | Korean |
| 18 | Laotian |
| 19 | Mandarin |
| 20 | Polish |
| 21 | Portuguese |
| 23 | Samoan |
| 24 | Tagalog |
| 25 | Vietnamese |
| 26 | Yiddish |
| 27 | Other |

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76. **ZEBLEY IND:** The status of the Zebley claim.
- Z** The individual has been identified by the SSA Field Office as a potential Zebley case
 - D** The case has been denied for any Zebley payments
 - F** The final Zebley payment has been made to the individual
77. **ROLLBACK:** Indicates if the recipient received State payments prior to July 1, 1973, or is subject to Title XVI disability criteria.
- 1** Potential rollback
 - 2** State payments were made prior to July 1, 1973
 - 3** No disability payments were made prior to July 1, 1973 (State Disability Determination Section determination is needed)
 - 4** The recipient meets Title XVI criteria
 - 5** The recipient is not disabled (Title XVI criteria), reviewed and denied by the State Disability Determination Section
 - 6** Final disability allowance determination has not been input
 - 7** Final disability denial determination has not been input
 - BLANK** Not applicable
78. **DIR DEPOSIT:** The type of account to which the SSI check is directly deposited.
- C** Checking
 - E** Electronic benefits transfer
 - S** Savings
 - BLANK** None

302.04 LOGOFF PROCEDURES

- A. Key "99" in Next Selection.
- B. Press ENTER. The message "EIS SESSION TERMINATED" appears.
- C. Key "LOGOFF" over this message.
- D. Press ENTER. The Banner screen appears.

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302.05 SDX INFORMATION SHEETS

- A. In addition to the on-line inquiry, case specific SDX Information Sheets are produced for individuals in SA, and HSF cases, and for individuals in MAA, MAB, and MAD cases if the individual has a long term care living arrangement code. An individual SDX Information Sheet is produced from the daily updates when an active recipient:
1. has been newly approved for SSI
 2. has certain specified changed information on his SSI record.
- B. The SDX Information Sheets have program specific information displayed as indicated on the following pages.
- C. The following changed information generates an SDX Information Sheet for Medicaid or Special Assistance recipients:
1. Payee Name and Address
 2. Date of Birth
 3. Living Arrangement
 4. Marital Status
 5. Title II Claim Number
 6. SSI Gross Amount
 7. SSI Assistance Amount
 8. Pay Status
 9. Death Date
 10. Denial Code
 11. PASS
 12. Resource Code-House
 13. Resource Code-Income Producing Property
 14. Resource Code-Life Insurance
 15. Resource Code-Vehicle
 16. Resource Code-Other
 17. Countable Earned Income
 18. Countable Unearned Income
 19. Unearned Income Information
 - a. Type
 - b. Start
 - c. Stop
 - d. Amount
 - e. Frequency
 - f. Claim/ID Number
- D. The changed data element is preceded by an asterisk (*).
- E. Refer to 302.03 above for data element definitions and codes.
- F. The SDX Information Sheets are not produced from the quarterly recon.

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	SDX INFORMATION	TODAY IS 7/23/1998 SDX DATE 7/22/1998
SSN:	XXX-XX-XXXX	
RECIPIENTS NAME:	XXXX	
DATE OF BIRTH:	07/25/1948	BILL N
COUNTY NAME:	92 - WAKE	
PROGRAM:	MAF	
DISTRICT NUMBER:	00016	
CASE ID:	055555555	
COUNTY CASE NUMBER:	7777777	
CASE HEAD:	LISA MCNEAL	
PAYEE NAME AND ADDRESS:	LISA MCNEAL FOR BILL MCNEAL 1985 UMSTEAD DRIVE RALEIGH NC 27626-0529	
HEAD OF HOUSEHOLD IND:	N	
DEATH DATE:		APPEAL CODE
DENIAL CODE:		APPEAL DATE:
DENIAL DATE:		DISABILITY PAY CODE: F
LIVING ARRANGEMENT:	C	DIRECT DEPOSIT IND: C
MARITAL STATUS:	3	PASS: 0.00
TITLE II CLAIM NUMBER:		RESOURCE-HOUSE: Z
PAY STATUS:	C01	RESOURCE-PROPERTY: Z
OVERPAY/UNDERPAY IND:	0	RESOURCE-INSURANCE: Z
1619A STATUS:		RESOURCE-VEHICLE: Z
1619B STATUS:		RESOURCE-OTHER: Z
SSI ELIGIBLE DATE:	08/01/1989	
SSI GROSS AMOUNT:	446.00	
SSI ASSISTANCE AMOUNT:	401.40	

	AUGUST	JULY	JUNE	MAY
COUNTY:	92	92	92	92
SSI GROSS AMOUNT:	446.00	435.20	435.20	435.20
SSI ASSIST AMT:	401.40	390.60	390.60	390.60
COUNTABLE EARNED:	.00	.00	.00	.00
COUNTABLE UNEARNED:	.00	.00	.00	.00

UNEARNED INCOME INFORMATION

TYPE	START	STOP	AMOUNT	FREQUENCY	CLAIM/ID NO	VALIDATION
V	09/1985	09/1985	464.17	N		0
I	01/1994		669.00	C		0

302.06 ADDITIONAL INFORMATION

The SDX On-Line Inquiry, and SDX Information Sheets must be used as much as possible. However, there may be situations which require additional information.

- A. Use Form DMA-5049 (Referral to Local Social Security Office) for recipients who:
 - 1. Have potential for SSI benefits but have not applied; or
 - 2. Have a change in case status and the Social Security Office needs to be notified.
- B. Use the State On-Line Query or the Third Party Query to verify
 - 1. Cases not appearing on the SDX; and/or
 - 2. Questionable information on the SDX.
- C. Use Form DSS-8106 (SSA-1610-U-2) to resolve conflicts between applicant/recipient's allegation and the information shown on the SDX/SOLQ/TPQY. Use only if you have checked SDX, SOLQ, and TPQY.
- D. Call the IEVS Coordinator, to assist in resolving discrepancies that cannot be resolved by B. and C. above.

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303.01 GENERAL INFORMATION

- A. The State Online Query (SOLQ) is a method of verifying Title II (RSDI) and Title XVI (SSI) benefits for applicants and recipients of public assistance. When a request is keyed by a caseworker, it is immediately transmitted via a telephone line to the Social Security Administration (SSA), and the response is returned immediately.
- B. The Third Party Query (TPQY) system is an alternate method of verifying Title II (RSDI) and Title XVI (SSI) benefits. It may be used when the SOLQ system is unavailable or when 40 quarters information for aliens is needed. All requests that are keyed each day are sent to SSA via a telephone line that night. SSA returns the information via the telephone line in 24 to 48 hours.
- C. This process allows caseworkers to:
 - 1. Obtain prompt verified information on SSA administered benefits which may shorten application processing time.
 - 2. Reduce the need to refer applicants to the local SSA offices to obtain benefits verification or to contact local SSA offices to obtain verification of benefits.
- D. SOLQ and TPQY may only be used in determining initial eligibility or continuing eligibility for a public assistance benefit, Medicaid, or other health maintenance program. SOLQ and TPQY requests are monitored for acceptable usage. Any violation will require that the caseworker be sanctioned.

303.02 ACCESSING THIRD PARTY QUERY

- A. To access the State Online Query and the Third Party Query, the terminal screen must display the message "IS CONNECTED TO THE STATE NETWORK." This is the Banner Screen.

EDT340 IS CONNECTED TO THE STATE NETWORK — HELP: 872-8841 / 1-800-722-3946		
*	UNAUTHORIZED OR PERSONAL USE OF COMPUTER INFORMATION AND/OR EQUIPMENT	*
*	IS A VIOLATION OF STATE AND FEDERAL LAWS.	*

- B. From the Banner Screen, key "SCC4CICS." Press ENTER. The "WELCOME TO SCC4CICS 'EIS'" message appears at the top of the next screen. This is the RACF Screen.

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```

WELCOME TO SCCATRNG (MVS/CICS 2.1..1)

      cccccccccccc\      IIIIIIIIIIIII\      cccccccccccc\      sssssssssssss\
      cccccccccccc\      IIIIIIIIIIIII\      cccccccccccc\      sssssssssssss\
      cccc\////////\      \\\\\\\IIIIII\      cccc\////////\      ssss\////////\
      cccc\              III\              cccc\              ssss\
      cccc\              III\              cccc\              ssss\
      cccc\              III\              cccc\              ssss\
      cccc\              III\              cccc\              ssss\
      cccccccccccc\      IIIIIIIIIIIII\      cccccccccccc\      sssssssssssss\
      cccccccccccc\      IIIIIIIIIIIII\      cccccccccccc\      sssssssssssss\
      \\\\\\\////////\      \\\\\\\IIIIII\      \\\\\\\////////\      \\\\\\\IIIIII\

                                                                    PF 1  Help

                                ..fill in bill-code (as:bbb-ddd). PF 3  Exit

      Userid   ==>                                bill-cde ==>

      Password ==>

      Please fill in your Userid and Password and press ENTER

      News-----PF 2 Zoom
Fri Dec 6 12/06/91 18:38:18 term=B132/BDT132 sys=CICSSCCA cpu=SYSA

```

- C. From the RACF Screen, key your RACF USER ID, the BILL-CDE, and your RACF PASSWORD. Press ENTER. A blank screen appears.
- D. Key "EIS3." Press ENTER. The Primary Menu Screen appears.

```

                                NORTH CAROLINA
                                ELIGIBILITY INFORMATION
                                SYSTEM
                                *** PRIMARY MENU ***

1.
2. MISCELLANEOUS UPDATE
3.
4. MISCELLANEOUS INQUIRY
5. INTERFACE INQUIRY
6.
7.
8.
9.
10. MASTER CLIENT INDEX

99. TERMINATE EIS SESSION

SELECTION:
NEXT-SELECTION          DCN:          KEYS:
"ENTER" KEY = CONTINUE  "PF3" = CANCEL

```

- E. From the Primary Menu, key Selection "05." Press ENTER. The Interface Inquiry Menu appears.

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***** INTERFACE INFORMATION *****
***** INQUIRY MENU *****

```
01  BENDEX INQUIRY
02  SDX INQUIRY
03
04  TPQ INQUIRY
05  SEND TPQY REQUEST
06  SSA SOLQ
07  ESC INQUIRY
08
09
10  MASTER CLIENT INDEX
    SELECTION KEY:      CD:
NEXT-SELECTION:        :      KEYS:
PRESS PF3 TO RETURN TO MENU
```

303.03 REQUIRED INTERFACE INQUIRIES

- A. Before submitting an SOLQ or TPQY request, you must determine if information already exists in SDX, BENDEX, or Third Party Query for the individual. From the Interface Inquiry Menu, key selection "04" and the applicant/recipient s social security number (SSN). If information is present, it displays in the following order:
1. SDX
 2. BENDEX
 3. THIRD PARTY QUERY
 4. ESC
- B. Press PF1 to page forward within each inquiry. Press PF2 to page backward within each inquiry.
- C. Press the PF8 key to scroll to the next inquiry; i.e., if you are viewing SDX, press the PF8 key to view BENDEX. Press the PF7 key to view the previous inquiry; i.e., if you are viewing BENDEX, press the PF7 key to view SDX. Once viewing is complete, you may press the PF3 key to return to the Interface Inquiry Menu, or you may enter the SSN for another individual. The next inquiry begins with the SDX Screen.
- D. If information is not present for a specific inquiry, the following message appears, specific to the inquiry not found:
- "NOT FOUND FOR THIS SSN: BENDEX DATA"
- E. If information is not present for all inquiries, the following message appears:
- "NOT FOUND FOR THIS SSN: SDX DATA BENDEX DATA
TPQ DATA ESC DATA"
- F. If information is not found in the SDX, BENDEX or TPQY inquiries, submit a State Online Query or a Third Party Query request. If information is available in the SDX and/or a BENDEX inquiry, you must use this information. This is a federal requirement. However, if the information is questionable, you may submit a State Online Query or a Third Party Query request.

303.04 INITIATING AN SOLQ/TPQY REQUEST

Use the DSS-8200 as the input document in counties opting to have data entry perform the SOLQ or TPQY function.

For those counties who choose to have the Income Maintenance Caseworkers perform the SOLQ or TPQY function, you may key into the Input Screen.

To access the SOLQ screen, from the Interface Inquiry Menu, key selection 06. Press ENTER. The SSA STATE ONLINE QUERY REQUEST ENTRY screen displays.

VSQ901-0	NC DEPT OF HEALTH AND HUMAN SERVICES	Todays Date: 12/06/1999
SSA STATE ONLINE QUERY REQUEST ENTRY		

COUNTY NUMBER:	WORKER/DISTRICT ID:	
SOCIAL SECURITY NO:	CLAIM ACCOUNT NO:	BIC:
LAST NAME:	MI:	FIRST NAME:
DATE OF BIRTH:	(MMDDCCYY)	
ASSISTANCE CATEGORY:		
INDIVIDUAL / CASE ID:		
 UNAUTHORIZED USE OF SOLQ IS A VIOLATION OF STATE AND/OR FEDERAL LAWS		
NEXT SELECTION:	PF3: RETURN TO MENU KEYS:	

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To access the TPQY Screen, from the Interface Inquiry Menu, key selection "05." Press ENTER. The Third Party Query Request Screen will display.

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES THIRD PARTY QUERY REQUEST ENTRY		TODAYS DATE: 12/06/91		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> COUNTY NUMBER: SOCIAL SECURITY NO: LAST NAME: DATE OF BIRTH: INDIVIDUAL/CASE ID: NEXT-SELECTION: F1: RESPONSE SCREEN </td> <td style="width: 50%; vertical-align: top;"> WORKER/DISTRICT NO: CLAIM ACCOUNT NO: BIC: MI: FIRST NAME: CATEGORY OF ASSISTANCE: DATE OF REQUEST: 12/06/91 KEYS: PF3: RETURN TO MENU </td> </tr> </table>			COUNTY NUMBER: SOCIAL SECURITY NO: LAST NAME: DATE OF BIRTH: INDIVIDUAL/CASE ID: NEXT-SELECTION: F1: RESPONSE SCREEN	WORKER/DISTRICT NO: CLAIM ACCOUNT NO: BIC: MI: FIRST NAME: CATEGORY OF ASSISTANCE: DATE OF REQUEST: 12/06/91 KEYS: PF3: RETURN TO MENU
COUNTY NUMBER: SOCIAL SECURITY NO: LAST NAME: DATE OF BIRTH: INDIVIDUAL/CASE ID: NEXT-SELECTION: F1: RESPONSE SCREEN	WORKER/DISTRICT NO: CLAIM ACCOUNT NO: BIC: MI: FIRST NAME: CATEGORY OF ASSISTANCE: DATE OF REQUEST: 12/06/91 KEYS: PF3: RETURN TO MENU			

A. Complete the DSS-8200 or the input screen, by entering the following fields for both types of inquiries.

1. County Number: Enter the two-digit county number for your county.
2. Worker/District Number: Enter the three-digit worker or district number.
3. Social Security Number: Enter the nine-digit social security number for the applicant/recipient.

OR

4. Claim Account Number: Enter the nine-digit account number from which the applicant/recipient receives benefits, followed by the BIC.

NOTE: **An entry in both Social Security Number and Claim Account number is not allowed. If you have both, we recommend that you submit two SOLQ or TPQY requests, one using the Social Security Number and one using the Claim Account Number. These may both be submitted on the same day.**

5. BIC: Enter the one, two, or three-digit suffix.
6. Last Name: Enter the applicant/recipient's last name.
7. First Name: Enter the applicant/recipient s first name.
8. Middle Initial: Enter the applicant/recipient s middle initial. This is an optional field for both inquiries.
9. Date of Birth: Enter the applicant/recipient s date of birth as MMDDCCYY.
10. Sex: This field is displayed only on the TPQY inquiry and is an optional field.

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11. Category of Assistance: Enter one of the following two digit indicators for category of assistance for **SOLQ and TPQY** requests.

CI	Crisis Intervention
CS	Child Support
EA	Emergency Assistance
FM	Food Stamps and Medicaid
FS	Food Stamps
FW	Food Stamps and Work First Family Assistance
LI	LIEAP
MA	Medicaid
SA	Special Assistance
SB	Services for the Blind
SW	Service Worker Request
VR	Vocational Rehab
WF	Work First Family Assistance

12. Individual/Case ID: Enter the Individual ID or the Case ID for the applicant/recipient. If the request is for a financially responsible spouse or parent who is not included in the case, follow the Case ID or the Individual ID with the abbreviation, SP , or P , respectively. If an Individual ID has not yet been assigned in the interview process, key in the word, Interview .

NOTE: It is important that you key correct information in this field. If a case is selected for an audit, you must be able to justify the need for the request. This will link this request to a record or an intake interview.

13. Alien Wage Request: This field is displayed only on the TPQY inquiry. Enter a Y if requesting 40 Quarters information. This field defaults to an N .

- B. When all information is entered, press ENTER.
- C. The response should be returned within five seconds for the SOLQ. If your SOLQ is successful, follow instructions starting with 303.05 below.
- D. If SOLQ is unavailable, you will receive a message, **SOLQ LINK FAILED – PRESS PF3 OR PF4**". You may press the PF4 key to send this request to TPQY if you so wish. When PF4 is pressed, you will receive the message, **"A REQUEST FOR THIS PERSON HAS BEEN ADDED TO TPQY"**. Press PF3 to return to the menu.
- E. If a Third Party Request has been submitted earlier but a response has not been returned, the following message displays:
- "A REQUEST EXISTS FOR THIS SSN FROM COUNTY: XX WORKER: NNN"**
- F. All Third party Requests are accumulated during the working day and transmitted to SSA in Baltimore at night. SSA responds to these requests in 24 to 48 hours.

303.05 RETRIEVING THIRD PARTY QUERY REQUESTS

You have three options to retrieve responses for Third Party Query requests.

- A. If you wish to determine if a response has been returned on a specific individual, key Selection "04" from the Interface Inquiry Menu and the individual's SSN. Press ENTER.
 1. If no response has been returned, the following message displays:

"NOT FOUND FOR THIS SSN: TPQ DATA"

Other inquiries not found are also listed in this message; i.e., "SDX DATA."
 2. If information is present, it displays in the following order:
 - a. SDX
 - b. BENDEX
 - c. THIRD PARTY QUERY
 - d. ESC
- B. To retrieve all responses in a county, key selection "05" from the Interface Inquiry Menu. Press ENTER. The Third Party Query Request Screen displays. Key in your County Number. Press the PF1 key.
 1. A list of last names and SSN's for all responses in your county displays on the Third Party Query Response Summary Screen. The list is in SSN order (from left to right). If there is more than one page of responses, PF2: More Responses appears.

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES			TODAY'S DATE: 12/06/91
THIRD PARTY QUERY RESPONSE SUMMARY			

000000001	BRYANT	000000002	EARNHARDT
000000003	SMITH	000000004	AUTRY
000000005	WILLIAMS	000000006	BURT
000000007	LAMBERT	000000008	DODSON
KEY AN "X" TO THE LEFT OF AN SSN AND PRESS ENTER TO SELECT IT FOR INQUIRY			
PF1: REQUEST ENTRY SCREEN			PF3: RETURN TO MENU

2. Select the name and SSN you wish to view by keying an "X" to the left of the SSN. Press ENTER.

NOTE: Once this individual has been selected, his name and SSN is removed from the Third Party Query Summary. If a second worker needs to access this individual's record, he must use Selection 04 .

3. The inquiries display in the following order:
 - a. SDX
 - b. BENDEX
 - c. THIRD PARTY QUERY
 - d. ESC

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- C. To retrieve all responses in a county for a particular worker, key selection "05" from the Interface Inquiry Menu. The Third Party Query Request Screen displays. Key in your County Number and Worker or District Number (whichever was used for the request.) Press the PF1 key.
1. A list of last names and SSN's for all responses in your county for the Worker/District Number keyed displays on the Third Party Response Summary Screen. The list is in SSN order (from left to right.)
 2. Select the name and SSN you wish to view by keying an "X" to the left of the SSN. Press ENTER.
- NOTE:** Once this individual has been selected, his name and SSN will be removed from the Third Party Query Summary. If a second worker needs to access this individual's record, he must use Selection 04 .
3. The inquiries display in the following order:
 - a. SDX
 - b. BENDEX
 - c. THIRD PARTY QUERY
 - d. ESC
- D. Press PF1 to page forward within each inquiry. Press PF2 to page backward within each inquiry.
- E. Press the PF8 key to scroll to the next inquiry. Press the PF7 key to view the previous inquiry (not an option for SOLQ, since you did not view a previous inquiry).
- F. Once viewing is complete, you may press the PF3 key to return to the Interface Inquiry Menu or you may enter the SSN for another individual. This inquiry begins with the SDX Screen.
- G. After viewing the response from SOLQ, you may press the PF5 key to recall the last request. You may type over the data on the last request to resend that request or resend a new request without having to key the county and worker numbers.
- H. An SOLQ response is removed from SCC4CICS once a PF3 or PF8 key is pressed.
- I. A Third Party Query response remains in inquiry for 30 days.
- J. If more current data is present on an individual in SDX or BENDEX when you are performing TPQY inquiry, the following message displays:
- "SDX OR BENDEX INFORMATION IS MORE CURRENT"

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303.06 SOLQ/TPQY RESPONSE RECORD

When SOLQ or TPQY information is returned from the SSA, the information is formatted in the following order:

A. General Information Screen

The first screen contains the identifying information submitted in the request to SSA with some additional data elements. If no benefit information is found at SSA, this is the only screen. This screen indicates whether or not the SSN is verified.

SOLQ RESPONSE SCREEN

VSQ901-1 NORTH CAROLINA DEPT OF HEALTH AND HUMAN SERVICES STATE ONLINE QUERY: GENERAL INFORMATION		TODAY'S DATE: RECEIVED:	01/05/1999 12/05/1999
SOCIAL SECURITY NO: XXXXXXXXX <div style="display: flex; justify-content: space-between;"> <div> NAME: DATE OF BIRTH: 07/251980 SEX: F STATE AGENCY CODE: 034 RECORD CODE 4 ERROR CONDITION: SSN VERIFICATION CODE: V VERIFIED SSNS: </div> <div> LAST XXXX TITLE II AND TITLE XVI FOUND SSN VERIFIED </div> <div> CAN: FIRST MI MAEIVEY D </div> </div>			
WELFARE ID NUMBER: 123456789 WORKER/DISTRICT NO 320 NEXT SELECTION:KEYS:			
PF1: NEXT PAGE		PF3: RETURN TO MENU PF8: ESC INQUIRY	

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TPQY RESPONSE SCREEN

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES		TODAYS DATE: 12/06/1999	
THIRD PARTY QUERY - SUPPLEMENTAL SECURITY INFORMATION		RECORD DATE: 12/05/1999	

SOCIAL SECURITY NO: XXXXXXXX		CAN:	
NAME:	LAST XXXX,	FIRST MAE IY	MI D
DATE OF BIRTH:		07/25/30	
SEX:	F		
STATE AGENCY CODE:	034		
RECORD CODE:	2		
ERROR CONDITION:			
SSN VERIFICATION CODE:			
VERIFIED SSNS:			
WELFARE ID NUMBER:			
WORKER/DISTRICT NO:			
NEXT-SELECTION:		KEYS:	
PFI: NEXT PAGE		PF3: RETURN TO MENU	
PF7: SDX INQUIRY		PF8: ESC INQUIRY	
NOT FOUND FOR THIS SSN:		BENDEX DATA	

In addition to the identifying information, the following fields display on the General Information Screen:

1. Today's Date: Self-explanatory.
2. Record Date: The date the record was received from SSA.
3. State Agency Code: This is the three-digit state agency code used to identify each state.

<u>State</u>	<u>Code</u>	<u>State</u>	<u>Code</u>
Alabama	001	Montana	027
Alaska	002	Nebraska	028
Arizona	003	Nevada	029
Arkansas	004	New Hampshire	030
California	005	New Jersey	031
Colorado	006	New Mexico	032
Connecticut	007	New York	033
Delaware	008	North Carolina	034
District of Columbia	009	North Dakota	035
Florida	010	Ohio	036
Georgia	011	Oklahoma	037
Guam	065	Oregon	038
Hawaii	012	Pennsylvania	039
Idaho	013	Puerto Rico	040
Illinois	014	Rhode Island	041
Indiana	015	American Samoa	064
Iowa	016	South Carolina	042

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<u>State</u>	<u>Code</u>	<u>State</u>	<u>Code</u>
Kansas	017	South Dakota	043
Kentucky	018	Tennessee	044
Louisiana	019	Texas	045
Maine	020	Utah	046
Maryland	021	Vermont	047
Massachusetts	022	Virgin Islands	048
Michigan	023	Virginia	049
Minnesota	024	Washington	050
Mississippi	025	West Virginia	051
Missouri	026	Wisconsin	052

4. Alien QC s: This field only appears on the TPQY response, not the SOLQ response.
5. Record Code: This code indicates the type of information returned from SSA.
 - a. Code 1: This indicates that the only information received from SSA is the identifying information. No Title II (RSDI) or Title XVI (SSI) information was found.
 - b. Code 2: This indicates that the information received from SSA is Title II (RSDI) information only.
 - c. Code 3: This indicates that the only information received from SSA is Title XVI (SSI) information.
 - d. Code 4: This indicates that both Title II (RSDI) and Title XVI (SSI) information was found.
6. Error Condition: This is a three-digit code indicating specific error conditions caused by invalid or missing data as follows:

101	Claim Account Number is invalid or missing.
102	Social Security Number is invalid or missing.
103	Both Claim Account Number and Social Security Number are invalid
110	Claim Account Number is unverified.
120	SSN is unverified.
201	Surname is invalid or missing.
202	First Name is invalid or missing.
300	Date of birth is invalid or missing.
600	Query is for a public figure whose record may not be routinely queried.
7. SSN Verification Code: A one-digit indicator that shows whether the SSN was verified. If the SSN is verified, the source of verification is given. If the SSN is not verified, a reason is given. Verification codes are as follows:

V:	SSN verified by Numident
M:	SSN verified by method other than Numident because not found in Numident
P:	SSN verified by method other than Numident because name did not match Numident file
R:	SSN verified by method other than Numident because the name did not match Numident file.

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- F: SSN is verified, although surname may not match Numident file
- Z: If a claim number request was submitted, this indicates that SSA did not perform a formal verification, but was able to locate the claim account number.
- 1: SSN is not in SSA's files
- 3: Name and sex match SSA's files; birthdate does not match
- 5: Name does not match SSA's files; sex and birthdate not checked
- * The input SSN was not verified; however, the correct SSN is provided in the Verified SSN field
- & Multiple SSN s are provided in Verified SSN s field

NOTE: The primary method of SSN verification is the Numident File. SSA has separate databases for RSDI recipients (the MBR) and SSI recipients (SSR). If SSN cannot be verified by Numident, these databases are used as the secondary sources for SSN verification (See M, P, and R above.)

- 8. Verified SSN s: If the input SSN is incorrect but the number was transposed or had a slight error, SSA may provide the correct SSN. The exception is if the incorrect SSN entered actually matched a SSN belonging to another individual. In that case, the SSN Verification Code "5" is displayed. If the individual has multiple verified SSN s, the additional SSN s are displayed.

If the date of birth keyed on the request is more than one year greater or less than the date on the Numident file, SSA returns a corrected date of birth in this field. SSA only looks at month and day when making this determination. If the month and day of birth are within one year of the date on the Numident file, SSA does not provide a corrected date of birth.

- 9. Welfare ID Number: The Individual ID or Case ID keyed in the request.
- 10. Worker/District Number: The worker/district number entered on the request.

B. Supplemental Security Information

- 1. If the individual has SSI information, the second screen displays SSI information. If the individual has RSDI and SSI, the following screen displays as the fifth screen:

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SOLQ SCREEN

VSQ901-5 NC DEPT OF HEALTH AND HUMAN SERVICES		TODAYS DATE: 12/06/1999	
STATE ONLINE QUERY: SUPPLEMENTAL SECURITY INFO		RECEIVED: 12/05/1999	

NAME: XXXXX, MAIVEY D.	SSN: XXX-XX-XXXX		
PERSONS OWN SSN: XXXXXXXXX	LAST NAME: XXXXX		
SSN CORRECTION IND:	FIRST NAME: MAIVEY		
SSI APPLICATION DATE: 05/05/1994	INITIAL: D		
DENIAL CODE: DATE:	RACE B		
DATE OF BIRTH: 07/25/1930	SEX: F		
DATE OF DEATH:	CURRENT PAY STATUS: C01		
DISABILITY ONSET DATE: 02/15/1994	DIRECT DEPOSIT IND: S		
ADDRESS: P.O. BOX XXX			
DURHAM, NC			
ZIP CODE: 27701-0000			
ADDRESS: 607 XXXXX DRIVE	DURHAM NC		
ZIP CODE: 27704-0000			
PF1: NEXT PAGE		PF2: PREVIOUS PAGE	F3: RETURN TO MENU
		PF8: ESC INQUIRY	

TPQY SCREEN

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES		TODAYS DATE: 12/06/1999	
THIRD PARTY QUERY - SUPPLEMENTAL SECURITY INFO		RECORD DATE: 12/05/1999	

NAME: XXXX, MAIVEY D.	SSN: XXX-XX-XXXX		
PERSONS OWN SSN: XXXXXXXXX	LAST NAME: XXXX		
SSN CORRECTION IND:	FIRST NAME: MAIVEY		
SSI APPLICATION DATE: 02/15/91	INITIAL: D		
DENIAL CODE: DATE: RACE	I		
DATE OF BIRTH: 07/25/30	SEX: F		
DATE OF DEATH:	CURRENT PAY STATUS: C01		
DISABILITY ONSET DATE: 02/01/91	DIRECT DEPOSIT IND:		
ADDRESS: P.O. BOX XXX			
DURHAM NC			
ZIP CODE: 27701-0000			
ADDRESS: XXXXXXXX	DURHAM NC		
ZIP CODE: 27704-0000			
NEXT-SELECTION:		KEYS:	
PF1: NEXT PAGE	PF2: PREVIOUS PAGE	PF3: RETURN TO MENU	
		PF8: ESC INQUIRY	

In addition to the name and SSN, the following fields display on this screen:

- a. Person's own SSN: The SSN of the recipient.
- b. SSN Correction Ind: A one-digit code indicating the status of a pseudo SSN (900 series) or invalid SSN assigned to the recipient.

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Codes:

- A** A pseudo or invalid SSN appears in the SSN field. A valid SSN appears in the last 9 positions of the multiple SSN field and is initially transmitted to the State.

- B** The valid SSN appears in the SSN field. The pseudo or invalid SSN appears in one of the five slots of the multiple SSN field.

- c. SSI Application Date: The date the claimant files the application for SSI or the date the individual is deemed to have filed the application.

- d. Denial Code: The reason an applicant was initially denied for SSI. These reasons are defined in Payment Status Codes.

- e. Date of Birth: The date of birth of the recipient.

- f. Date of Death: The date of death of the recipient.

- g. Disability Onset Date: First date of onset of disability. Prior to a determination of eligibility for Title XVI, this is the alleged date of disability.

- h. Last Name: The recipient's last name.

- i. First Name: The recipient's first name.

- j. Initial: The recipient's middle initial.

- k. Race: A one-digit code indicating the race of the individual. The Race Code is overlayed with a one-digit ZEBLEY INDICATOR CODE in the current RACE CODE field, when applicable.

- (1) RACE CODES:
 - W White
 - B Black
 - O Other
 - U Unknown

- (2) ZEBLEY INDICATOR CODES:
 - Z Zebley case is pending determination of eligibility.
 - F Zebley case approved and all Zebley related payments have been made.
 - D Zebley payments have been denied.

- l. Sex: A one-digit code indicating the sex of the individual.

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CODES:

M	Male
F	Female
U	Unknown

- m. Current Pay Status: The current payment status of the eligible individual/spouse and the reason for the status. The first position of the payment status code indicates the status of SSI/Social Security (SS) payment/eligibility. The second and third positions indicate the reason for the status.

(1) FIRST POSITION CODES:

C	Client is eligible for SSI/SS payment
N	Client is not eligible for SSI/SS payment
S	Client may still be eligible for SSI/SS but payment is being withheld for reason shown
T	SSI/SS eligibility is terminated
M	Case is under manual control; case is known as "force payment" although a payment may not be involved
E	Client is in a nursing home
H	Client has not yet been paid; case is in a holding status

(2) SECOND AND THIRD POSITION CODES:

	SECOND AND THIRD POSITION CODES
C01	Current Pay
E01	Eligibility exists but payment not applicable
E02	Eligible for benefits but not payable in that month due to the new application date.
M01	Force Payment
M02	Force due
H10	Living arrangement change in progress
H20	Marital status change
H30	Resource change in progress
H40	Student status change in progress
H50	Head of household change in progress
H60	State Conversion case in suspense
H70	Pending posting of payment made outside the system
H80	Early input study case
H90	Systems limitation involved; manual computation must be made
N01	NONPAY, individual's countable income exceeds title XVI payment and his State's payment standard
N02	NONPAY, individual is inmate of public institution

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	SECOND AND THIRD POSITION CODES
N03	NONPAY, individual is outside U.S.
N04	NONPAY, individual's nonexcludable resources exceed Title XVI limitations
N05	NONPAY, individual's gross income from Self-Employment exceeds Title XVI limitations
N06	NONPAY, individual failed to file for other benefits
N07	NONPAY, cessation of individual's disability
N08	NONPAY, cessation of individual's blindness
N09	NONPAY, individual refused vocational rehabilitation without good cause
N10	NONPAY, individual refused-treatment for drug addiction
N11	NONPAY, individual refused treatment for alcoholism
N12	NONPAY, individual voluntarily withdrew from program
N13	NONPAY, not a citizen or eligible alien
N14	NONPAY, aged claim denied for age
N17	NONPAY, failure to pursue claim by applicant
N18	NONPAY, Failure to cooperate
N19	NONPAY, individual has voluntarily terminated participation in the SSI Program
N20	NONPAY, individual fails to furnish a required report (for example, redetermination or required evidence)
N22	NONPAY, Inmate of a correctional institution
N24	NONPAY, Administrative Sanctions penalty imposed because claimant has provided false or misleading statements to obtain benefits
N25	NONPAY, claimant is fleeing to avoid prosecution for, or custody or confinement after conviction for a crime which is a felony, or is violating a condition of probation or parole imposed under Federal or State laws.
N27	NONPAY, disability terminated due to Substantial Gainful Activity (SGA) - connection to SSI Program lost
N30	NONPAY, slight impairment - medical consideration alone, no visual impairment
N31	NONPAY, capacity for Substantial Gainful Activity (SGA) customary past work, no visual impairment
N32	NONPAY, capacity for Substantial Gainful Activity (SGA) other work, not visual impairment
N33	NONPAY, engaging in SGA despite impairment, no visual impairment
N34	NONPAY, impairment is severe at the time of decision and did not last 12 months, no visual impairment
N35	NONPAY, impairment is severe at the time of decision but not expected to last 12 months, no visual impairment
N36	NONPAY, insufficient or no medical data furnished, no visual impairment
N37	NONPAY, failure or refusal to submit to consultative examination, no visual impairment

	SECOND AND THIRD POSITION CODES
N38	NONPAY, applicant does not want to continue

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	development of claim, no visual impairment
N39	NONPAY, applicant willfully fails to follow prescribed treatment, no visual impairment
N40	NONPAY, impairment(s) does not meet or equal listing (disabled child under age 18 only), no visual impairment
N41	NONPAY, slight impairment-medical condition alone, visual impairment or blindness
N42	NONPAY, capacity for SGA-customary past work, visual impairment
N43	NONPAY, capacity for SGA-other work, visual impairment
N44	NONPAY, engaging in SGA despite impairment, visual impairment
N45	NONPAY, impairment no longer severe at the time of decision and did not last 12 months, visual impairment
N46	NONPAY, impairment is severe at the time of decision but not expected to last 12 months, visual impairment
N47	Nonpay, insufficient, or no medical evidence furnished, visual impairment
N48	NONPAY, failure, or refusal, to submit to consultative examination, visual impairment
N49	NONPAY, applicant does not want to continue development of the claim, visual impairment
N50	NONPAY, applicant willfully fails to follow prescribed treatment, visual impairment
N51	NONPAY, impairment(s) does not meet or equal listing (disabled child under age 18 only), visual impairment
N52	NONPAY, deleted from State rolls before 12/73 payment
N53	NONPAY, deleted from State rolls after 12/73 payment
N54	NONPAY. Unable to locate applicant
N55	Impairment due to DAA (no visual impairment)
N56	Impairment due to DAA (visual impairment)
S01	SUSPENDED, suspension of payments due to report of death by Treasury, potential automated death case
S04	SUSPENDED, system is awaiting disability determination (system generated)
S05	SUSPENDED, SGA decision pending
S06	SUSPENDED, individual's address unknown
S07	SUSPENDED, returned check for other than address, payee change, or death of payee
S08	SUSPENDED, representative payee development pending
SO9	SUSPENDED, miscellaneous suspense code (no specific code provided for event causing suspension)
S10	Adjudicative Suspense (System Generated)
S20	SUSPENDED. potential roll-back case or no disability made prior to 7/73 (inactive)

	SECOND AND THIRD POSITION CODES
S21	SUSPENDED, the individual is presumptively disabled and has received three months payments
T01	TERMINATED, death of individual

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T20	TERMINATED, termination of one of two records for the same person to correct payment
T22	TERMINATED, same definition as code T20 except termination results from electronic screening
T30	TERMINATED, change in record composition requires termination of existing record
T31	TERMINATED, the individual met denial or nonpay systems termination criteria, payment received (system generated)
T32	TERMINATED, system generated termination of large records
T33	TERMINATED, manual termination (no previous payment made)
T50	TERMINATED, no payment received
T51	TERMINATED, the individual met denial or nonpay systems termination criteria, no payment received

- n. Direct Deposit Ind: This is an indicator that benefits are directly deposited to an account as follows:
- | | |
|-------|------------------------------|
| C | Checking |
| E | Electronic Benefits Transfer |
| S | Savings |
| Blank | None |
- o. Address: The mailing address of the recipient.
- p. Zip Code: The zip code of the mailing address.
- q. Address: The address where the recipient lives if the address is different from the mailing address. Otherwise, the field is blank.
- r. Zip Code: The zip code of the residence address.
2. If the individual has SSI information only, the third screen displays payment and income information for SSI. If the individual has RSDI and SSI, this displays as the sixth screen.

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SOLQ SCREEN

VSQ901-6 NC DEPT OF HEALTH AND HUMAN SERVICES		TODAYS DATE: 12/06/1999	
STATE ONLINE QUERY: SUPPLEMENTAL SECURITY INFO		RECEIVED: 12/06/1999	

NAME: XXXXX, MAEIVEY D.		SSN: XXX-XX-XXXX	
-----CURRENT PAYMENT-----		RESOURCES: HOUSE: Z CAR: Z INS: Z	
DATE	FEDERAL	STATE	INC PROPERTY: Z OTHER: Z
01/01/1998	107.00	0.00	TELEPHONE NUMBER: (919) 711-7117
			FEDERAL COUNTABLE INCOME: 0.00
---- PAYMENT HISTORY ----			FEDERAL COUNTABLE INCOME SOURCE:
DATE	FEDERAL	STATE	WAGE AMOUNT: 0.00
03/01/1997	107.00		SELF-EMPLOYMENT INCOME: 0.00
01/01/1996	104.00		BLINDWORK EXPENSES: 0.00
			SELF-SUPPORT AMOUNT: 0.00
			REIMBURSEMENTS CODE: 0.00
			REIMBURSEMENTS STATE/COUNTY: 0.00
			REPRESENTATIVE PAYEE IND: 0.00
			DATE: TYPE: AAGY
NET COUNTABLE EARNED INCOME: 0.00			
NET COUNTABLE UNEARNED INCOME: 377.00			
PF1: NEXT PAGE PF2: PREVIOUS PAGE F3: RETURN TO MENU PF8: ESC INQUIRY			

TPQY SCREEN

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES		TODAYS DATE: 12/05/1999	
THIRD PARTY QUERY SUPPLEMENTAL SECURITY INFO		RECORD DATE: 12/05/1999	

NAME: XXXXX, MAEIVEY D.		SSN: XXX-XX-XXXX	
---- CURRENT PAYMENT ----		RESOURCES: HOUSE: Z CAR: Z INS: Z	
DATE	FEDERAL	STATE	INC PROPERTY: Z Z
12/01/91			TELEPHONE NUMBER: (919) XXX-XXXX
			FEDERAL COUNTABLE INCOME: 0.00
---- PAYMENT HISTORY ----			FEDERAL COUNTABLE INCOME SOURCE:
DATE	FEDERAL	STATE	WAGE AMOUNT: 0.00
01/01/92	422.00		SELF-EMPLOYMENT INCOME: 0.00
12/01/91	407.00		BLIND WORK EXPENSES: 0.00
			SELF-SUPPORT AMOUNT: 0.00
			REIMBURSEMENTS CODE: 0.00
			REIMBURSEMENTS STATE/COUNTY:
			REPRESENTATIVE PAYEE IND: Y
NET COUNTABLE EARNED INCOME		DATE: 05/14/91	
NET COUNTABLE UNEARNED INCOME		TYPE: AGY	
NEXT-SELECTION:		KEYS:	
PF1: NEXT PAGE	PF2: PREVIOUS PAGE	PF3: RETURN TO MENU	
PF8: ESC INQUIRY			

In addition to the name and SSN, the following fields display on this screen:

- a. Current payment:

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- (1) Federal: The cumulative federal SSI payment(s) actually paid to the recipient under Title XVI. This is the amount of the regular monthly check issued to the recipient.
- (2) State: The cumulative State Supplementation payment(s) actually paid to the recipient.

NOTE: North Carolina does not have a State Supplementation payment.

b. Payment History:

- (1) Federal: Historical payment history data.
- (2) State: Historical payment history data.

NOTE: If an individual is determined to be disabled due to a drug or alcohol addiction (DAA), and they are eligible for a lump sum payment, their lump sum is prorated over a period of time. In this situation, the Payment History reflects the regular monthly payment associated with the first day of the month and the prorated lump sum payment associated with the second day of the month.

c. Net Countable Earned Income: The current month s amount of earned income after all exclusions are applied. This is used in determining eligibility and, if the Budget Month Flag is zero, computing the payment.

d. Net Countable Unearned Income: The current month s amount of unearned income after all exclusions are applied. This is used in determining eligibility and, if the Budget Month Flag is zero, computing the benefit. It includes income deemed to the eligible individual.

e. Resources:

- (1) House: A one-digit code indicating that the individual does or does not own a home.
 - A Possession of a home-principal place of residence
 - S Equity in non-excludable property is expected to increase in value
 - T Home and equity in non-excludable property
 - Z None
- (2) Vehicle: A one-digit code indicating that the individual does or does not own a vehicle and if the individual must dispose of the vehicle for SSI eligibility.
 - B Vehicle - either over or under limit
 - K Individual required to dispose of vehicle
 - Z None

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- Blank Not determined
- (3) Life Ins.: A one-digit code indicating if the individual has life insurance and if the individual must dispose of life insurance for SSI eligibility.
- C Life insurance - face value over \$1500
L Individual required to dispose of life insurance
Z None
Blank Not determined
- (4) Income Prop.: A one-digit code indicating if the individual owns income producing property and if the individual must dispose of the property for SSI eligibility.
- D Income producing property under or over limit
N Individual required to dispose of income producing property
Z None
Blank Not determined
- (5) Other: A one-digit code indicating if the individual owns other resources and if the individual must dispose of other resources for SSI eligibility.
- E Other resources-over limit
N Individual required to dispose of other resources
Z None
Blank Not determined
- f. Telephone Number: The recipient's telephone number, including area code.
- g. Federal Countable Income: The Federal Countable Income (FCI) used by the SSI System to create the Federal Countable Minimum Income Level (NIL). This data may reflect the FCI the individual received in January 1974 which was attributed December 1973, or it may reflect information supplied by the State to the SSA District Office which is attributable to December 1973.
- h. Federal Countable Income Source: This code indicates the source or method by which the December 1973 FCI was established.
- 1 No MIL can be established.
2 Requires SSA district office follow-up.
3 Split couple; system cannot establish 12/73 FCI.
4 Record in exception or "awaiting spouse" status; cannot establish 12/73 FCI.
5 Breakdown of MIL entered as part of replacement record.
6 FCI established as a result of Title II first quarter 1974 adjustment process.
7 Standard system generated first quarter 1974 basis.
8 Input to system by SSA district office.

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- i. Wage Amount: The gross amount of wages for the month which the recipient expects to earn in a specified month.
- j. Self-Employment: The estimated net amount of self-employment income for a specified month.
- k. Blind Work Expenses: The amount of work expenses of a blind recipient for a specified month which may be excluded from earned income.
- l. Self-Support Amount: The monthly amount of earned income for blind or disabled recipients which may be excluded under an approved plan of self-support.
- m. Reimbursements Code: This indicates the timing of SSA reimbursement of State interim assistance payment(s) or the reason for not effecting reimbursement. The reimbursement status code may change.
 - 0 Essential person record; applicant did not authorize reimbursement; there is no federal/State agreement for reimbursement; or SDX record is for the month following the month of recipient's move from the state of reimbursement.
 - 1 Total amount shown in the SSI Monthly Assistance Amount and the State Supplement Amount fields is being sent or was sent to State/county.
 - 2 All or part of the amount shown in the SSI Monthly Assistance Amount and the State Supplement Amount fields in current record is being or was sent to the State/county.
 - 3 Reimbursement not being effected; applicant ineligible or retroactive payment not due.
 - 4 Reimbursable assistance case pending or denied.
 - 5 Reimbursement check returned.
- n. Reimbursements: State/County: Reflects the State/county code corresponding to the agency with which the SSI/SS applicant signed an agreement for reimbursement of interim assistance payments. This field is zeroes in the following situations: The SDX record is for an essential person, an applicant who may not have authorized reimbursement to the State, or where there is no federal/State agreement for reimbursement.
- o. Representative Payee Ind: This indicates whether or not representative payee data is present.
- 3. If the individual has SSI information only, the fourth screen displays additional information for SSI. If the individual has RSDI and SSI, this displays as the seventh screen:

SOLQ SCREEN

Change # 1-2001	VERIFICATION INQUIRIES STATE ONLINE QUERY (SOLQ)	September 1, 2001
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VSQ901-7 NC DEPT OF HEALTH AND HUMAN SERVICES		TODAYS DATE: 01/19/1999
STATE ONLINE QUERY: SUPPLEMENTAL SECURITY INFO		RECEIVED: 01/19/1999

-		
NAME: XXXXX, MAEIVEY D.		SSN: XXX-XX-XXXX
OVER/UNDER PAY IND:	DISABILITY CODE: F	MULTIPLE SSNS:
CURRENT PAY STATUS: C01	FOOD STAMP INT DATE: 10/1999	
HEAD OF HOUSEHOLD: N	FOOD STAMP APP SEC: N	
MARITAL STATUS: 3	FOOD STAMP STATUS: N	
STUDENT INDICATOR: N		
CONDITIONAL PAYMENT:		
----- UNEARNED INCOME INFORMATION -----		
TYPE	START	STOP AMOUNT FREQ CLAIM ID NO. VER
A	08/1996	397.00 C 001950925C02 2
		PF2: PREVIOUS PAGE PF3: RETURN TO MENU
PF8: ESC INQUIRY		

TPQY SCREEN

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES		TODAYS DATE: 12/06/1999
THIRD PARTY QUERY SUPPLEMENTAL SECURITY INFO		RECORD DATE: 12/05/1999

NAME: XXXXX, MAEIVEY D.		SSN: XXX-XX-XXXX
OVER/UNDER PAY IND: U	DISABILITY CODE: F	MULTIPLE SSNS:
CURRENT PAY STATUS: C01	FOOD STAMP INT DATE: 05/19	
HEAD OF HOUSEHOLD: N	FOOD STAMP APP SEC: N	
MARITAL STATUS: 3	FOOD STAMP STATUS: N	
STUDENT INDICATOR: N		
CONDITIONAL PAYMENT:		
----- UNEARNED INCOME INFORMATION -----		
TYPE	START	STOP AMOUNT FREQ CLAIM ID NO. VER
NEXT-SELECTION: KEYS:		
		PF2: PREVIOUS PAGE PF3: RETURN TO MENU
PF8: ESC INQUIRY		

In addition to the name and SSN, the following fields display on this screen:

- a. Over/Under Pay Ind: This indicates if an overpayment or underpayment exists. The SSI Monthly Assistance Amount reflects overpayment and/or underpayment.
 - O Overpayment
 - U Underpayment
 - R Both overpayment and underpayment exists
- b. Current Pay Status: Refer to B. I. m.
- c. Head of Household: A field indicating whether or not the recipient is the head of the household for Title XVI purposes at the time the record is established. In addition, it is also used to indicate that one member of a

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couple was determined eligible for SSI while a disability determination was pending for the other member.

- Y Head of household
- N Not head of household
- S Member of the couple that is (or was) paid as an individual while disability was being determined for the other member of the couple.
- R Member of the couple for which the disability determination is or was pending.

d. Marital Status: Indicates the marital status of the recipient at the time the record was established.

- 1 Married and living with (ceremonial marriage, common law marriage, or de facto marriage)
- 3 Single, widowed, or divorced
- 4 Married, but separated

e. Student Indicator: Indicates whether a recipient under age 22 is a student.

- Y Student
- N Not a student

f. Conditional Payment: A code indicating whether or not a payment is or was subject to disposition of excess resources. When a payment is no longer conditional, the code "C" remains.

- C Conditional
- N Not conditional
- Blank Not applicable

g. Disability Code: A one-digit code indicating the status of SSI disability and blind cases.

- P Presumptive Finding
- F Final determination - allowance
- S State determination (conversion cases only) -- allowance
- R Referred to state agency - final determination (denied, or pending determination)
- T Presumptive finding (state conversion case)
- X No disability determination made - claim denied on basis of non-disability issues

h. Food Stamp Int Date: The month and year of the initial food stamp data input.

i. Food Stamp App Sec: Indicates whether or not SSA personnel took an application for food stamps.

- Y Yes

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N No
Blank No input

- j. Food Stamp Status: Indicates whether the recipient currently receives food stamps or had filed an application for food stamps in the past 60 days on which no decision has been made.

Y Yes
N No
Blank No input

- k. Multiple SSN's: This field shows additional SSN s used by the individual.

- l. Unearned Income Information

- (1) Type - A one-digit code indicating the kind of unearned income that the individual is or was receiving. Each code is listed below.

A	Social Security
B	Black Lung
C	Veterans Administration Compensation
D	Railroad Retirement
E	Veterans-Administration Pension
F	Assistance based on need and not excluded from unearned income (WFFA)
H	Income in-kind
I	Ineligible child allocation
J	Value of 1/3 reduction
K	Blind countable income
L	Military Pension (includes survivor payments)
M	Federal Civil Service Pension
N	Child Support payments received from absent parent
P	Employment related pension (State or local government retirement, private pension)
Q	Worker's Compensation
R	Rents, interest, dividends, royalties
S	Other - A variety of types of income, including case contributions
T	Alaska longevity bonuses
V	Net deemed income - Income from a financially responsible spouse/parent
X	Minimum income level amount
Y	Special needs reduction (applies to a federal countable minimum income level [MIL])
Z	State countable income (Vermont only)
1	This code indicates that the IMC must determine the source of income from the client and take any necessary action in the case. If type H income is indicated, further verification is needed to determine the value of the contribution.

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- (2) Start - The date indicating when the unearned income began if the payment is monthly or if a one-time payment (MMCCYY).
- (3) Stop - The termination date of unearned income (MMCCYY). In a situation where the unearned income amount changes, this is the last date the previous rate or one-time payment was received.
- NOTE:** The year can be "98" or "99" on continuing Title II income to indicate payment adjustment in process.
- (4) Amount - The monthly amount of unearned income for the period indicated on the left.
- (5) Frequency - A one-digit code indicating whether or not unearned income is being received or was received. The codes are listed below.
- | | |
|---|---|
| C | Continuous monthly payment or uninsured (Title II claim number suffix T and M) |
| N | One-time payment |
| T | Termination of continuous monthly payment |
| R | Used in conjunction with type A income to indicate recent RSDI filing or with type D income to indicate potential eligibility to an Railroad Retirement Board (RRB) benefit |
| U | Used only in conjunction with a type D entry to indicate RRB has jurisdiction of the Title II (type A) payment and that recipient's entitlement to an RRB annuity has not been determined |
- (6) Claim/ID No. - The individual's claim number followed by a one-digit code indicating the claim or identification number under which each type of unearned income is being received. This field contains the following coding for "H" (income-in-kind) type income:
- | | |
|---|---|
| A | Living in own household |
| B | Living in non-institutional care situation |
| C | Living in private nonprofit residential care institution covered by Church Amendment |
| D | Living in other private non-medical institution (domiciliary care, personal care, retirement homes, etc.) |
| E | Living in private medical institution but Medicaid payees less than 50% of the cost |
| F | Living in public institution for education or vocational training |
- (7) Program Service Center Code - A one-digit code following claim/ID No. which indicates the service center from which payment is made.

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- | | |
|--|--|
| 1 | New York |
| 2 | Philadelphia |
| 3 | Birmingham |
| 4 | Chicago |
| 5 | San Francisco |
| 6 | Kansas |
| 7 | Office of Disability Operations, Baltimore |
| 8 | Division of Internal Operations, Baltimore |
| B | Type B (Black Lung income under Department of Labor jurisdiction) |
| D | Individual is a VA dependent; Type C or E amount represents dependent's portion of a combined VA check payment |
| F | Type C or E VA fixed payment or Type D (RRB Benefit) not subject to general legislative increases |
| G | Type E VA parent's dependency and indemnity compensation |
| V | Individual is a veteran or surviving spouse of veteran. Type C or E amount represents veteran/surviving spouse portion of a combined VA check payment |
| X | Same as "V" above except not subject to general legislative increases |
| (8) Verification - A one-digit code indicating whether or not the unearned income, as stated by the individual, has been verified. | |
| 0 | Number and income amount not verified |
| 1 | Number verified, amount verified |
| 2 | Number and income amount verified |
| 5 | Federal Countable Minimum Income Level (MIL - input for the new record following a T30 action; applied to code X entries) (no longer generated) |
| 6 | Special Federal Countable MIL - to exclude one-time Title II payment; applies to code X entries (no longer generated) |
| 7 | Federal countable; applies only to code X and Z entries (no longer generated) |
| 8 | Information supplied by State; applies to code X and Z entries (Vermont only) |
| 9 | System adjusted prior code "8" or Z entries; codes 0, 1, 2, apply to A, B, C, D, E type income; 6-9 apply to X or Z income (Vermont conversion case only.) |

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C. RSDI Information

1. If the individual has RSDI information, the fifth screen displays RSDI information.

SOLQ SCREEN

VSQ901-2 NC DEPT OF HEALTH AND HUMAN SERVICES		TODAY S DATE: 01/19/1999	
STATE ONLINE QUERY: SOCIAL SECURITY INFO		RECEIVED: 01/19/1999	
NAME: XXXXX, MAEIVEY D.		SSN: XXXXXXXXXX	
TITLE II CAN: 001950925C02		ZIP CODE: 87901	
ADDRESS: MAEIVEY D XXXXX		DURHAM NC	
STATE/COUNTY CODE: 34300			
P.O. BOX XXX			
FIRST NAME	MAEIVEY	DIRECT DEPOSIT:	C
INITIAL:	D	DEFERRED PAY DATE:	
LAST NAME:	XXXXX	SCHEDULE PAY:	IND:
DATE OF BIRTH:	07/25/1930	DATE:	CURRENT: 0.00
SEX:	F	COMB CK IND:	PRIOR: 0.00
LAF CODE:	C	PROOF OF AGE:	A
RAILROAD INFORMATION:			
INDICATOR:			
INITIAL ENTITLEMENT DATE: 01/1979		PERSONS OWN SSN: XXXXXXXXXX	
CURRENT ENTITLEMENT DATE: 01/1979		DATE OF DEATH:	
SUSPENSION TERM DATE:		DIS ONSET DATE:	
NET MONTHLY BENEFIT: 285.00			
NEXT SELECTION:		KEYS:	
PF1: NEXT PAGE	PF2: PREVIOUS PAGE	PF3: RETURN TO MENU	
		PF8: ESC INQUIRY	

TPQY SCREEN

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES		TODAYS DATE: 12/06/1999	
THIRD PARTY QUERY - SOCIAL SECURITY INFO		RECORD DATE: 12/05/1999	
NAME: XXXXX, MAEIVEY D.		SSN: XXXXXXXXXX	
TITLE II CAN: 001950925D00		STATE/COUNTY CODE: 05322	
ADDRESS: MAEIVEY D XXXXXX		ZIP CODE: 87901	
P.O. BOX XXX		DURHAM NC	
FIRST NAME	MAEIVEY	DIRECT DEPOSIT:	
INITIAL:	D	DEFERRED PAY DATE:	
LAST NAME:	XXXXX	SCHEDULE PAY:	IND:
DATE OF BIRTH:	07/25/30	DATE:	CURRENT: 0.00
SEX:	F	COMB CK IND:	PRIOR: 0.00
LAF CODE:	N	PROOF OF AGE:	A
RAILROAD INFORMATION:			
INDICATOR:			
INITIAL ENTITLEMENT DATE:		PERSONS OWN SSN:	
CURRENT ENTITLEMENT DATE:		DATE OF DEATH:	
SUSPENSION TERM DATE:		DIS ONSET DATE:	
NET MONTHLY BENEFIT: 0.00			
NEXT-SELECTION:		KEYS:	
PF1: NEXT PAGE	PF2: PREVIOUS PAGE	PF3: RETURN TO MENU	
PF7: SDX INQUIRY	PF8: ESC INQUIRY		

In addition to the name and SSN, the following fields display on this screen:

- a. Title II CAN: The account number under which a Title II claim exist.

Change # 1-2001	VERIFICATION INQUIRIES STATE ONLINE QUERY (SOLQ)	September 1, 2001
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- b. State/County Code: The first two positions represent the State code. The remaining positions are the county codes that are responsible for any mandatory or optional supplementation payment. This field represents the state and county residence for recipients unless another state and county have jurisdiction.

COUNTY CODE	COUNTY NAME	COUNTY CODE	COUNTY NAME
000	Alamance	500	Johnston
010	Alexander	510	Jones
020	Alleghany	520	Lee
030	Anson	530	Lenoir
040	Ashe	540	Lincoln
050	Avery	550	McDowell
060	Beaufort	560	Macon
070	Bertie	570	Madison
080	Bladen	580	Martin
090	Brunswick	590	Mecklenburg
100	Buncombe	600	Mitchell
110	Burke	610	Montgomery
120	Cabarrus	620	Moore
130	Caldwell	630	Nash
140	Camden	640	New Hanover
150	Carteret	650	Northampton
160	Caswell	660	Onslow
170	Catawba	670	Orange
180	Chatham	680	Pamlico
190	Cherokee	690	Pasquotank
200	Chowan	700	Pender
210	Clay	710	Perquimans
220	Cleveland	720	Person
230	Columbus	730	Pitt
240	Craven	740	Polk
250	Cumberland	750	Randolph
251	Currituck	760	Richmond
270	Dare	770	Robeson
280	Davidson	780	Rockingham
290	Davie	790	Rowan
300	Duplin	800	Rutherford
310	Durham	810	Sampson
320	Edgecombe	820	Scotland
330	Forsyth	830	Stanly
340	Franklin	840	Stokes
350	Gaston	850	Surry
360	Gates	860	Swain
370	Graham	870	Transylvania
380	Granville	880	Tyrrell
390	Greene	890	Union
400	Guilford	900	Vance
410	Halifax	910	Wake
420	Harnett	920	Warren

Change # 1-2001 **VERIFICATION INQUIRIES**
STATE ONLINE QUERY (SOLQ) **September 1, 2001**

COUNTY CODE	COUNTY NAME	COUNTY CODE	COUNTY NAME
430	Haywood	930	Washington
440	Henderson	940	Watauga
450	Hertford	950	Wayne
460	Hoke	960	Wilkes
470	Hyde	970	Wilson
480	Iredell	980	Yadkin
490	Jackson	981	Yancey

- c. Zip Code: The zip code of the residence address.
- d. Address: The residence address of the recipient.
- e. First Name: The first name of the recipient.
- f. Initial: The middle initial of the recipient.
- g. Last Name: The last name of the recipient.
- h. Date of Birth: The date of birth of the recipient.
- i. Sex: The sex of the recipient.
 - M Male
 - P Female
 - U Unknown
- j. LAF (Ledger Account File) Code: This reflects the Master Beneficiary Record payment status for this beneficiary.
 - F Advanced filing for current payment through RRB
 - J Advanced filing for current payment (except Railroad payment)
 - N Disallowed claim
 - PT Terminated from a pending or delayed claim (does not mean a denial or disallowance) On All Records:
 - A Withdrawal for adjustment
 - AD Adjusted for dual entitlement
 - AS Adjusted for simultaneous entitlement
 - A9 All other adjustment actions
 - B Abatement status
 - C Current payment status (except Railroad payment)
 - D Deferred payment status
 - DP Deferred because of Public Assistance
 - DW Deferred for Workers Compensation (WC) Offset
 - D1 Deferred for Foreign Work Test
 - D2 Deferred for annual retirement test
 - D3 Deferred as an auxiliary of a beneficiary whose status is deferred for annual retirement test (LAF=D2)
 - D4 Deferred for no child-in-care
 - D5 Deferred as an auxiliary of a beneficiary whose status is deferred for foreign work test (LAF=D1)

Change # 1-2001	VERIFICATION INQUIRIES STATE ONLINE QUERY (SOLQ)	September 1, 2001
D6	Deferred to cover overpayments not covered by any of the above reasons	
D9	Miscellaneous deferment not provided with a specific code	
E	Current payment through Railroad Board (RRB)	
K	Advanced filing for deferred payment (low order position same as LAF D)	
L	Advanced filing for conditional payment (low order position same as LAF S)	
ND	Denied claim	
P	Pending claim (adjudication pending) (No beneficiary in this claim is in a LAF other than B, N, P, T, U or X) (Low order LAF is equal to LAF S low order positions) used with delayed claims to show that upon denial adjudication the beneficiary is to be placed in LAF S with the same subscript. For example: LAF P2 would indicate that upon adjudication the LAF will become S2	
PB	Delayed claim (another beneficiary in this claim has a LAF other than B, N, P, T, U or X)	
S	Conditional payment status	
SB	Benefits due but not paid (usually less than \$1)	
SD	Technical entitlement	
SF	Prouty beneficiary fails to meet residency requirement	
SH	Prouty beneficiary receiving government pension	
SJ	Alien suspension	
SR	Deportation	
SL	Barred payment country	
SM	Refused old age insurance benefits	
SP	Prouty beneficiary receiving public assistance	
SS	Nonpayment to post secondary students during summer months	
SW	WC Offset	
S0	Pending determination of continuing disability	
S1	Worked outside the U.S.	
S2	Worked inside the U.S.	
S3	Insured person worked in the U.S.	
S4	Failure to have child-in-care	
S5	Insured person worked outside the U.S.	
S6	For better address	
S7	Refused vocational rehabilitation (VR) services	
S8	Payee not determined	
S9	All other reasons	
T	Terminated status	
TA	Advanced filing claim terminated before maturity	
TB	Mother, Father terminated - entitled to disabled widow(er)s benefits	
TC	Disabled widow or widower attained age 65	
TL	Termination of student (post secondary) benefits due to legislative changes in student requirements	
TP	Terminated for change of payment identification code (PIC) on post entitlement actions	
TR	Claim withdrawn	

Change # 1-2001	VERIFICATION INQUIRIES STATE ONLINE QUERY (SOLQ)	September 1, 2001
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- X DIB attained 65 (also used for auxiliary beneficiaries)
- T0 Benefits payable by some other agency
- T1 Death of beneficiary
- T2 Dependent terminated due to death of primary beneficiary
- T3 Divorcee, marriage, remarriage
- T4 Attainment of age 18 or 22 and not disabled: mother/father terminated based on last child's attainment of age 18
- T5 Entitled to other benefits equal or larger
- T6 Termination of mother/father due to death disabled or attending school
- T7 Adoption of child: mother terminated, last entitled child adopted. Valid only if date of suspension or termination (DOST) is earlier than 10/72
- T8 DIB no longer disabled: mother/father terminated, child no longer disabled
- T9 All other termination reasons
- U Active Title XVIII status only
- W Withdrawal before entitlement
- X Title XVIII adjustment or termination status
- XD Withdrawal for adjustment
- X8 Payee not determined
- XK Deportation
- XR Withdrawn form supplement medical insurance benefits (SMIB)
- X0 Claim transferred to RRB
- XI Death of beneficiary
- X5 Entitled to other benefits
- X7 Health insurance benefits (HIB)/SMIB terminated
- X9 All other reasons

k. Proof Of Age Indicator:

- A Alleged
- B Birth/Baptismal Certificate
- C Convincing Evidence
- F Formerly established by SSA
- Q Established by method other than B. or C. above

l. Initial Entitlement Date: This is the initial date of entitlement to Title II benefits.

m. Current Entitlement Date: This indicates the month and year the beneficiary became entitled to benefits for the current period of entitlement.

n. Suspension Term Date: The date of an event causing a suspension or termination occurred.

o. Net Monthly Benefit: The benefit payable after deduction of the beneficiary obligation.

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- p. Direct Deposit: The type of account to which the payment is being deposited.
 - C Checking Account
 - S Savings Account
 - N No Direct Deposit

- q. Deferred Pay Date: Reflects the month and year the first or next payment can be made. This is typically a one-time retroactive adjustment.

- r. Schedule Pay: Information on the scheduled payment.
 - (1) Ind: This indicates how schedule pay was made.
 - P Prior Month Accrual Amount paid by daily update
 - R Current month accrual paid by month merge
 - R Prior month accrual only
 - (2) Date: Reflects current operating month when the prior month accrual is made.
 - (3) Current: The total amount to be paid by a current month accrual.
 - (4) Comb Ck Ind: This indicates that the schedule payment or the scheduled prior payment was included in the regular monthly check.
 - (5) Prior: The total amount paid by scheduled check.

- s. Railroad Information: This data relates to Railroad Retirement Benefits for the recipient, if applicable.
 - (1) Indicator: Indicates status of claim
 - A Active Claim
 - T Terminated Claim
 - (2) Persons Own SSN: The recipient's SSN.
 - (3) Date of Death: The recipient's date of death.
 - (4) Dis Onset Date: First date of onset of disability.

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2. If the individual has RSDI information, the third screen displays.

SOLQ SCREEN

VSQ901-3 NC DEPT OF HEALTH AND HUMAN SERVICES		TODAYS DATE: 01/19/1999	
STATE ONLINE QUERY SOCIAL SECURITY INFO		RECEIVED: 01/19/1999	

--			
NAME: XXXXX, MAEIVEY D.		SSN: XXX-XX-XXXX	
SUPPLEMENTAL MEDICAL INSURANCE:		HEALTH INSURANCE: IND: Y	
INDICATOR: Y		OPTION CODE: BUY-IN: N	
OPTION CODE: Y		START DATE 07/1973 CODE:	
START DATE: 07/1973		STOP DATE: START:	
STOP DATE:		PREMIUM: 0.00 STOP:	
PREMIUM: 43.80			
BUY-IN::		WELFARE AGENCY CODE: 340	
INDICATOR: Y		ASSISTANCE CODE: D	
OPTION CODE: 340		BLACK LUNG:	
START DATE: 08/1992		ENTITLEMENT CODE:	
STOP DATE:		ENTITLEMENT AMOUNT: 0.00	
DUAL ENTITLEMENT NO:		BIC:	
PF1: NEXT PAGE		PF2: PREVIOUS DATE	
		PF3: RETURN TO MENU	
		PF8: ESC INQUIRY	

TPQY SCREEN

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES		TODAYS DATE: 12/06/1999	
THIRD PARTY QUERY - SOCIAL SECURITY INFO		RECORD DATE: 12/05/1999	

NAME: XXXXX, MAEIVEY D.		SSN: XXX-XX-XXXX	
SUPPLEMENTAL MEDICAL INSURANCE:		HEALTH INSURANCE: IND:	
INDICATOR:		OPTION CODE: BUY-IN:	
OPTION CODE:		START DATE: CODE:	
START DATE:		STOP DATE: START:	
STOP DATE:		PREMIUM: 0.00 STOP:	
PREMIUM: 0.00			
BUY-IN: :		WELFARE AGENCY CODE: 340	
INDICATOR:		ASSISTANCE CODE: D	
OPTION CODE:		BLACK LUNG:	
START DATE:		ENTITLEMENT CODE:	
STOP DATE:		ENTITLEMENT AMOUNT: 0.00	
DUAL ENTITLEMENT NO:		BIC:	
NEXT-SELECTION:		KEYS	
PF1: NEXT PAGE		PF2: PREVIOUS PAGE	
PF7: SDX INQUIRY		PF3: RETURN TO MENU	
		PF8: ESC INQUIRY	

In addition to the name and SSN, the following fields display on this screen:

- a. Supplemental Medical Insurance: This information pertains to Medicare B.

Change # 1-2001	VERIFICATION INQUIRIES STATE ONLINE QUERY (SOLQ)	September 1, 2001
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(1) Indicator: A "Y" (yes) or "N" (no) indicates if beneficiary has Medicare B.

(2) Option Code: This indicates status of Medicare B.

C	No (cessation)
D	No (denied)
F	No (terminated, invalid enrollment)
G	Yes (good cause)
N	No (no response)
P	Railroad
R	No (refused)
S	No (no longer renal disease provision)
T	No (terminated for nonpayment)
W	No (withdrawal)
Y	Yes

(3) Start Date: This is the current date of entitlement to Medicare B.

(4) Stop Date: This is the date entitlement to Medicare B ended.

(5) Premium: This is the current Medicare B premium amount collectible. The amount is deducted from benefits if premium payer is the recipient.

b. SMIB Buy-In:

(1) Indicator: A "Y" (yes) or "N" (no) indicates if Medicare B buy-in data is present.

(2) Code: This is a three-digit code indicating the payer of the Medicare B premium.

(3) Start Date: The date for which a third party first paid the Medicare B premium.

(4) Stop Date: The date the third party last paid the Medicare B premium.

c. Dual Entitlement No: The other claim account number (CAN) under which the beneficiary is entitled to Title II benefits.

d. Health Insurance: This information pertains to Medicare A.

(1) Indicator: A "Y" (yes) or "N" (no) indicates if the beneficiary has Medicare A.

Change # 1-2001	VERIFICATION INQUIRIES STATE ONLINE QUERY (SOLQ)	September 1, 2001
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(2) Option Code: This code indicates the status of Medicare A.

- C None - Cessation
- D None - Denied
- E Yes - Automatic
- F None - Invalid enrollment
- G Yes - Good cause
- H None - Not eligible or did not enroll
- P Railroad
- R None - Refused
- S None - No longer under renal disease provision
- T None - Terminated for nonpayment of premiums
- W None - Withdrawal
- X None - Title II termination
- Y Supplemental insurance (Part B) premium is payable

(3) Start Date: This is the current date of entitlement to Medicare A.

(4) Stop Date: This is the date entitlement to Medicare A ended.

(5) Premium: This is the current Medicare A premium amount if payable.

e. HIB Buy-In:

(1) Indicator: A "Y" (yes) or "N" (no) indicates if Medicare A buy-in data is present.

(2) Code: Third party code for health insurance.

(3) Start Date: First month of coverage for which a third party paid the HI premium.

(4) Stop Date: Last month of coverage for which a third party paid the health insurance premium.

f. Welfare Agency Code: The three-digit State exchange welfare code.

g. Assistance Code: The State exchange categorical assistance code.

- A Aged
- B Blind
- C WFFA
- D Disabled
- F Food Stamps
- H Health Maintenance
- I Income Maintenance
- J Work First and Food Stamps
- K Food Stamps and Medicaid
- N Title XIX Medicaid Eligibility
- P Child Support Enforcement

Change # 1-2001	VERIFICATION INQUIRIES STATE ONLINE QUERY (SOLQ)	September 1, 2001
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S Statement of Consent
U Unemployment Compensation

h. Black Lung: This information pertains to Black Lung benefit information, if applicable.

(1) Entitlement Code: Present entitlement status of the Black Lung benefit:

E Entitled
N Nonpayment status
P Entitlement pending
T Terminated (other than death)
D Deceased

(2) Entitlement Amount: Black Lung monthly payment amount. Amounts paid to a miner or widow include all benefits due the family in the same household.

3. If the individual has RSDI information, the fourth screen displays.

SOLQ SCREEN

VSQ901-4 NC DEPT OF HEALTH AND HUMAN SERVICES		TODAYS DATE: 01/19/1999	
STATE ONLINE QUERY: SOCIAL SECURITY INFO		RECEIVED: 01/19/1999	
NAME: XXXXX, MAEIVEY		SSN: XXX-XX-XXXX	
CROSS-REFERENCE ACCOUNT NUMBERS:		MONTHLY BENEFIT CREDITED	
CODE ENTITLEMENT NO.	BIC	DATE	AMOUNT TYPE
		12/1997	397.00 C
		12/1996	386.00 C
		01/1996	376.00 C
PF1: NEXT PAGE		PF2: PREVIOUS PAGE	PF3: RETURN TO MENU
		PF8: ESC INQUIRY	

TPQY SCREEN

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES		TODAYS DATE: 12/06/1999	
THIRD PARTY QUERY - SOCIAL SECURITY INFO		RECORD DATE: 12/05/1999	
NAME: XXXXX, MAEIVEY D.		SSN: XXX-XX-XXXX	
CROSS-REFERENCE ACCOUNT NUMBERS:		MONTHLY BENEFIT CREDITED:	
CODE ENTITLEMENT NO.	BIC	DATE	AMOUNT TYPE
NEXT-SELECTION:		KEYS:	
		PF2: PREVIOUS PAGE	PF3: RETURN TO MENU
PF7: SDX INQUIRY		PF8: ESC INQUIRY	

In addition to the name and SSN, the following fields display on this screen:

Change # 1-2001	VERIFICATION INQUIRIES STATE ONLINE QUERY (SOLQ)	September 1, 2001
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a. Cross-Reference Account Numbers:

(1) Code:

- A MAFDUP selection precluded (possible duplicate SSN has already been investigated)
- C Civil Service number
- D Dual wage record number
- E Simultaneous entitlement number
- F Multiple SSN from claims automated processing system (CAPS)
- G Multiple SSN from automatic reappraisal military service an multiple account numbers (ARMSMULT)
- H Multiple SSN from program service center (PSC) or central office correction
- L Black Lung benefits number
- M Multiple SSN
- O Potential or actual entitlement number
- S Spouse's SSN
- U SSN upon which renal entitlement is based
- V Second validated beneficiary's own SSN/ beneficiary's own account number (BOSSN/BOAN)
- W State welfare case number

(2) Entitlement No.: The SSN on which actual or potential entitlement exists.

(3) BIC: The Beneficiary Identification Code (suffix) for which an actual or potentials entitlement exists.

b. Monthly Benefit Credited: This lists the last four changes in benefit amounts.

Date: The date of the change in benefits.

Amount: The amount of the changed benefit.

Type: Indicates whether or not benefits are being received.

- C Continuous monthly payment, or uninsured (Title II claim number suffix T and M)
- N One-time payment
- T Termination of continuous monthly payment
- R Used in conjunction with type A income to indicate recent RSDI filing or with type D income to indicate potential eligibility to an RRB benefit.
- U Used only in conjunction with a type D entry to indicate RRB has jurisdiction of the Title II (type A) payment and that recipient's entitlement to an RRB annuity has not been determined.

Change # 1-2001	VERIFICATION INQUIRIES 40 QUARTERS DETAIL SCREEN	September 1, 2001
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304.01 GENERAL

The Social Security Administration provides North Carolina with a method to obtain verification of qualifying quarters of coverage (QC's) via TPQY. This inquiry sends a request for information to the Social Security Administration and gets an online up-to-date response within 1-2 days.

Previously, if the county needed details of the quarters of coverage, the county had to notify the State IEVS Coordinator, who obtained the details and provided the results to the county. Effective immediately, you no longer have to contact the IEVS Coordinator to obtain details of the quarters of coverage, they will be visible online for every successful 40 quarters response.

The county must still submit the TPQY request to Social Security using normal procedures that require entry of a Y following the alien wage request on the TPQY request entry screen. Once verified, you can access the normal summary results displayed on the normal TPQY response screen and the new details on the 40 Quarters Detail Screen within 1-2 days after the TPQY request is sent.

304.02 ACCESSING THE 40 QUARTERS DETAIL SCREEN

To **view** the 40 Quarter details after a request has been successfully returned from the SSA, you must **use** the IEVS TPQY screens.

A. SYSTEM ACCESS

1. From a CICS banner screen, key SCC4CICS. Press enter. The CICS screen is displayed. Enter your USER ID, BILL CODE, and PASSWORD. Press ENTER. A blank screen is displayed.
2. From the blank screen, key EIS3 and press ENTER. The primary menu is displayed.
3. From the primary menu, key 05 (Interface Inquiry) in the SELECTION field. Press ENTER. The INTERFACE INQUIRY MENU is displayed.
4. From the Interface Inquiry Menu, key 04 (TPQY Inquiry) in the SELECTION field and the social security number in the KEY field. Press ENTER.

- B. The system searches for SDX and BENDEX information for the SSN that you have entered. Use the PF8 key until the TPQY General Information screen is displayed. The TPQY General Information screen is displayed below:

Change # 1-2001	VERIFICATION INQUIRIES 40 QUARTERS DETAIL SCREEN	September 1, 2001
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HWA906-1 NC DEPT OF HEALTH AND HUMAN SERVICES THIRD PARTY QUERY - GENERAL INFORMATION	TODAYS DATE: 01/01 RECEIVED:
<div style="display: flex; justify-content: space-between;"> <div> SOCIAL SECURITY NO: XXXXXXXXXX NAME: FORTY DATE OF BIRTH: 01/01/1969 SEX: F </div> <div> CAN: FIRST MI QUARTERS Q </div> </div> <div style="margin-top: 10px;"> STATE AGENCY CODE: 034 ALIEN QC'S: 000009 RECORD CODE: 1 NO TITLE II OR XVI DATA FOUND ERROR CONDITION: SSN VERIFICATION CODE: V SSN VERIFIED VERIFIED SSNS: </div> <div style="margin-top: 10px;"> WELFARE ID NUMBER: XXXXXXXXX WORKER/DISTRICT NO: 101 </div> <div style="text-align: center; margin-top: 10px;"> 40 QUARTERS WAGE DATA FOUND NEXT-SELECTION: KEYS: </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> PF1: NEXT PAGE PF3: RETURN TO MENU </div>	

- C. The response displays the client's grand total qualifying quarters next to the "alien QC's field if the alien response has been returned. If the message ALIEN QTRS FOUND ARE ZERO appears above an alien QC total of zero, there are no details for the person. If the alien QC total is zero without the message, then the response has not been returned yet try again tomorrow.

- D. If the grand total is greater than zero, the message "40 QUARTERS WAGE DATA FOUND" located near the bottom of the screen is displayed. To view the new detail screen that displays the data used to calculate the summary total, press the PF1 key. The details are displayed.

- E. The values for min QCS and max QCS that are displayed at the top of the detail screen represent quarters earned during the years of 1937 through 1950. SSA did not keep detailed records during those times. These values, if present, represent at least and maximum possible quarters that the person could have earned, and should be counted towards the total quarters calculation but is not included in the General Information screen calculation.

- F. The value for RR shows the number of *months* of railroad work during the period of 1937 through 1946. This value, if present, is not included in the total quarters calculation, although it could indicate there are other quarters that could be counted.

- G. A blank value displayed for CC indicates that SSA was able to correctly process the 40 quarters request. If code 01 is displayed, there was no earnings record. If code of 02 or 99 is displayed, there is a SSA system error resubmit the request. If a code of 02 or 99 is received again, notify the IEVS Coordinator.

- H. The total QCS value that is displayed in the upper right hand part of the screen is the same total that is shown on the General Information screen.

Change # 1-2001	VERIFICATION INQUIRIES 40 QUARTERS DETAIL SCREEN	September 1, 2001
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- I. For each year that the SSA had at least one quarter of information, a line is displayed **for** the year followed by the 4 quarterly values. No value is displayed when there was no year(s) reported.
- J. For each line displayed, a 4 letter code indicating the type of credit SSA assigned to the quarter is also displayed. Code A, C, D, G, J, M, R, S, X, F and W count towards the valid quarter total. Code N and other values do not count towards the total. Codes and their definitions are outlined below:

Code	Value
A	Agricultural qualifying quarter
C	Wage qualifying quarter
D	Military qualifying quarter
G	Gift qualifying quarter
J	Japanese internment qualifying quarter
M	Military qualifying quarter
R	Railroad qualifying quarter
S	Self employment qualifying quarter
X	Wage qualifying quarter for 1951 or 1952
F	Federal, state, or local government wage qualifying quarter
U	Non covered wages
W	Excess FICA earnings qualifying quarter
N	Quarter with no earnings
#	Quarter with questionable earnings from 1952 through 1977
Z	Quarter with questionable earnings from 1952 through the present.

- K. To return to the Grand Total Screen, press the PF2 key.

304.03 LOGOFF

To log off the system completely, key "99" in the NEXT SELECTION field. Press ENTER. A message "EIS Session Terminated" appears. Key "LOGOFF" over this message. Press ENTER.

Change # 1-2001	VERIFICATION INQUIRIES EMPLOYMENT SECURITY COMMISSION (ESC)	September 1, 2001
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305.01 GENERAL INFORMATION

Statewide on-line access to Employment Security Commission (ESC) wage and unemployment insurance benefit (UIB) claim files is available in SCC4CICS. You may enter the applicant's/ recipient's social security number (SSN) to review and/or obtain screen prints of earnings/ unemployment data.

305.02 UPDATES

- A. The ESC updates wage files quarterly. Wages must be reported to ESC by the employers. ESC updates this information as soon as it is received.
- B. ESC updates UIB claim files nightly.

305.03 LOGON PROCEDURES

- A. To access the ESC inquiry, the terminal screen must display the message "IS CONNECTED TO THE STATE NETWORK...." This is the banner screen.
- B. From the BANNER SCREEN, key "SCC4CICS." Press ENTER. The message "WELCOME TO SCC4CICS 'EIS'" appears at the top of the next screen. This is the RACF screen.

Page: 1 Document Name: untitled

```

WELCOME TO SCC4CICS 'DHHS'

      cccccccccccc\      IIIIIIIIIIIII\      cccccccccccc\      sssssssssssss\
      cccccccccccc\      IIIIIIIIIIIII\      cccccccccccc\      sssssssssssss\
      cccc\////////\      \\\III\////////\      cccc\////////\      ssss\////////\
      cccc\              III\              cccc\              ssss\
      cccc\              iii\              cccc\              ssss\
      cccc\              iii\              cccc\              ssss\
      cccc\              iii\              cccc\              ssss\
      cccccccccccc\      IIIIIIIIIIIII\      cccccccccccc\      sssssssssssss\
      cccccccccccc\      IIIIIIIIIIIII\      cccccccccccc\      sssssssssssss\
      \////////\         \////////\         \////////\         \////////\

                                     PF 1  Help
                                     PF 3  Exit

      ..fill in bill-code (as:bbb-ddd).

      Userid  ==>      bill-cde ==>
      Password ==>      New Pswd ==>
      Please fill in your Userid and Password and press ENTER

News ----- PF 2  Zoom
*** North Carolina DHHS region *** PRODUCTION
To be used by authorized users on official business only.
Help Desk : 919-733-9100
Press PF2 for more information ....
+-----+
Tue Jun 19 06/19/01  7:11:32  term=$016/ZDA00876 sys=CICSSCC4  cpu=SYSA USER

```

Date: 06/19/2001 Time: 7:11:44 AM

Change # 1-2001	VERIFICATION INQUIRIES EMPLOYMENT SECURITY COMMISSION (ESC)	September 1, 2001
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- C. From the RACF screen, key your RACF USER ID, BILLING CODE, and your Password. Press ENTER. A blank screen appears.
- D. Key "EIS3". Press ENTER. The PRIMARY MENU screen appears.

NORTH CAROLINA
ELIGIBILITY INFORMATION
SYSTEM

*** PRIMARY MENU ***

- | | |
|--------------------------|-------------------------|
| 1. | 8. |
| 2. MISCELLANEOUS UPDATE | 9. |
| 3. | 10. MASTER CLIENT INDEX |
| 4. MISCELLANEOUS INQUIRY | |
| 5. INTERFACE INQUIRY | |
| 6. | |
| 7. | |

99. TERMINATE EIS SESSION

SELECTION:

NEXT-SELECTION:

DCN:

KEYS:

"ENTER" KEY = CONTINUE

"PF3" = CANCEL

- E. From the Primary Menu key selection "05," your USER ID, and password. Press ENTER. The Interface Information Inquiry Menu appears.

HRI05G1 ***** INTERFACE INFORMATION *****
***** INQUIRY MENU *****

01	BENDEX INQUIRY
02	SDX INQUIRY
03	
04	TPQ INQUIRY
05	SEND TPQY REQUEST
06	SSA SOLQ
07	ESC INQUIRY
08	
09	
10	MASTER CLIENT INDEX

SELECTION KEY: CD: KEYS:

NEXT-SELECTION: KEYS:

PRES PF3 TO RETURN TO MENU

- F. From the Interface Menu, you may key Selection "07" and the SSN of the individual whose data you wish to view for the ESC inquiry only.

Or

You may key Selection "04" and the SSN to access SDX, BENDEX, TPQY, and ESC by a single entry of the SSN.

- G. The ESC inquiry information is divided into three screens:

	VERIFICATION INQUIRIES	
Change # 1-2001	EMPLOYMENT SECURITY COMMISSION (ESC)	September 1, 2001

1. Claims Data

This screen may have more than one page. Each page is noted.

2. ESC Potential Monetary Determination

3. Employer Data

This screen may have more than one page. Each page is noted.

H. Instructions for navigation are displayed on the bottom of each screen.

1. To go to the next page of the same screen, press PF1.

2. To return to the previous page of the same screen, press PF2.

3. To go to the Monetary Determination screen from either the Claims Data screen or the Employer Data screen, press PF5.

4. To go to the Employer Data screen from either the Monetary Determination screen or the Claims Data screen, press PF6.

5. To return to the Claims Data screen from either the ESC Potential Monetary Determination screen or the Employer Data screen, press PF4.

6. To return to the Interface Inquiry Menu, press PF3.

7. To inquire on another individual's ESC information, key the individual's SSN in "KEY," and press ENTER.

305.04 INFORMATION ON THE SCREENS

A. Claims Data Screen

This screen displays claims that are currently on the ESC claims file. Claims are listed by sequence, beginning with the most recent claim.

VERIFICATION INQUIRIES

Change # 1-2001 EMPLOYMENT SECURITY COMMISSION (ESC) September 1, 2001

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10/12/95      * * *   E S C   I N Q U I R Y   * * *
      PAGE 1 OF 2
                        CLAIMS DATA
      SEQ. 1 OF 1

SSN: XXX XX XXXX      NAME: ALFRED E. XXXXXX
                        ADDRESS: 1985 UMSTEAD DRIVE

                                RALEIGH                NC  28603-2127 11

CLAIMS DATA:  BYB: 08/21/94      WBA:    110.00      DUR: 26   WEEKS
DISQUALIFIED
                        BYE: 08/19/95      MBA:   2,860.00      BAL:    0.00
THRU:
      LAST FILED: 08/25/94      TYPE: NIC                EA:    22.18
NET      GROSS      PAID      W/E DATE                NET      GROSS      PAID
W/E DATE
110.00   110.00  02/27/95  02/25/95                110.00   110.00  12/26/94
12/24/94
110.00   110.00  02/20/95  02/18/95                110.00   110.00  12/19/94
12/17/94
110.00   110.00  02/13/95  02/11/95                110.00   110.00  12/12/94
12/10/94
110.00   110.00  02/06/95  02/04/95                110.00   110.00  12/05/94
12/03/94
110.00   110.00  01/30/95  01/28/95                110.00   110.00  11/28/94
11/26/94
110.00   110.00  01/23/95  01/21/95                110.00   110.00  11/21/94
11/19/94
110.00   110.00  01/16/95  01/14/95                110.00   110.00  11/14/94
11/12/94
110.00   110.00  01/09/95  01/07/95                110.00   110.00  11/07/94
11/05/94
110.00   110.00  01/02/95  12/31/94                110.00   110.00  10/31/94
10/29/94

NOT FOUND FOR THIS SSN: SDX DATA  BENDEX DATA  TPQ DATA
PF1:NEXT PAGE PF3:RETURN PF5:MONETARY PF6:WAGE DATA
NEXT SELECTION:                MSG: CLAIM HAS ENDED

```

1. **Date:** The date you are performing the inquiry.
2. **Page:** Indicates the number of pages in each sequence.
3. **Sequence:** If an individual has had more than one UIB claim, each claim is called a sequence and numbered by ESC. Sequences are displayed if the ending date is within the last two years.
4. **SSN:** The SSN entered by the inquirer.
5. **Name:** The name as listed on ESC's claim file or applicant file.

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6. **Address:** The address as listed on ESC's applicant file. This includes four lines for the address. The zip code is listed as zip plus four plus two.
7. **Child Support Garnishment Message:** If UIB is being garnished due to a court order to satisfy a child support obligation, the following entries appear. Otherwise, they do not.
 - a. **CHILD SUPPORT EFFECTIVE MM/DD/YY.** The date the garnishment began.
 - b. **MAX WEEKLY AMT WITHHELD:** The amount of money withheld weekly to satisfy a court ordered garnishment for child support.
8. **Claims Data:**
 - a. **BYB** (Benefit Year Begin): The date this claims sequence began.
 - b. **WBA** (Weekly Benefit Amount): The weekly Unemployment Insurance Benefit amount for which the individual may be potentially eligible.
 - c. **DUR** (Duration): The number of weeks for which the claimant may receive UIB, if eligible.
 - d. **DISQUALIFICATION THRU:** If the individual is disqualified for UIB (for not complying with the laws or regulations), the date through which the disqualification applies. If the individual is disqualified indefinitely, the date will be 99/99/99. If an individual is disqualified for a week for not searching for employment, this will not appear in the DISQUALIFICATION THRU field.
 - e. **BYE** (Benefit Year End): The date the UIB year ends.
 - f. **MBA** (Maximum Benefit Amount): The maximum UIB amount for which the individual may be potentially eligible. This MBA can change. For example, if an individual questions base period wages used to determine his UIB, and wages are found to be a different amount, his MBA can be adjusted.
 - g. **BAL** (Balance): The amount of UIB remaining on this claim.
 - h. **LAST FILED:** The date the individual most recently filed for benefits for the corresponding claims sequence.
 - i. **TYPE:** The type of claim the individual has.
 - (1) **NIC** (New Initial Claim): A claim is established for a new benefit year.
 - (2) **AIC** (Additional Initial Claim): The claimant stopped filing a claim because he returned to work; then he is laid off and the claim is reopened.

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- (3) **NIE** (No Intervening Employment): The claimant stopped filing a claim for a reason other than going to work; then he refiles. For example, the claimant became temporarily disabled, then became able-bodied again.
- (4) **EUC** (Extended Unemployment Compensation): An emergency compensation program which extended the regular UIB payment period. This program has ended.
- (5) **EB** (Extended Benefits): If a state unemployment rate drops below a certain rate, this federal extension will be triggered.
- j. **EA** (Earnings Allowance): The amount of money this individual can earn during the week and still draw full benefits. This is determined by dividing an individual's high quarter wages by 13 and multiplying by .10. If, for example, an individual's Earnings Allowance is determined to be \$35, his WBA is \$100, and he earns \$35 in a given week, he will still receive \$100 for that week. If he earns \$50 in a given week, he has earned \$15 over the \$35 threshold; his check will be reduced by \$15, so he will receive \$85 for that week.
- k. **NET**: The amount of the UIB check after all deductions. The amount of the check can be reduced for several reasons, including reduction for wages, garnishment for child support, reduction for overpayments, and reduction for pensions (i.e., retirement benefits from military service).
- l. **GROSS**: The amount of the UIB check before deductions.
- m. **PAID**: The date the UIB check was written.
- n. **W/E DATE**: The date of the end of the week for which the UIB was paid.
- NOTE**: There is a maximum of 26 weeks of UIB in a 12 month period, unless federal law or state legislation mandates extended benefits. If the benefits paid were extended benefits, an indicator is displayed by the check with which it is associated. If the extended benefits were initiated by federal law, the indicator will be "F." If the extended benefits were initiated by state legislation, the indicator will be "S."
- 9. **MSG (Messages)**: One of the following messages may be displayed on the bottom of the screen:
 - a. **No Claim Data For This SSN**: There was no information found on a given SSN.
 - b. **Name And Address Shown, No Claim On File**: There is an applicant record, but no claim record.
 - c. **Claim Has Expired/Ended**: The BYB date has passed and all benefits were paid to the claimant.

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- d. **Benefits Not Available - Currently Disqualified:** If the claimant has a current claim with a positive balance but has been disqualified from receiving these benefits.
- e. **Benefits Not Available:** The claimant has a balance remaining on his claim, but the BYE has expired.
- f. **ESC File Not Currently Available:** The ESC System has been disabled.
- g. **Monetarily Ineligible Claim:** The individual did not have enough earnings in the base period to be monetarily eligible.
- h. **Benefits Exhausted:** The BYE has not expired, but all benefits have been paid to the claimant.
- i. **Invalid SSN Entered:** The SSN entered was not numeric or was all zeros or nines.
- j. **No payments Made To Claimant:** There is an active file, but individual has not filed for any benefits.

B. ESC Potential Monetary Determination Screen

ESC completes potential monetary determinations for individuals, with or without a current active claim. If there is no current active claim, this screen displays potential weekly UIB which the individual would be able to receive if he were to file a claim and was otherwise eligible. If an individual has filed a claim for UIB or is receiving UIB, this screen provides summary data on the claim.

10/12/00		**** ESC INQUIRY ****	
DETERMINATION		ESC POTENTIAL MONETARY	
SSN: XXX-XX-XXXX		NAME: ALFRED E. XXXXXX	
EFFECTIVE DATE OF CLAIM:		10/15/95	
BENEFIT YEAR END:			
WBA DISQUALIFIED	MBA	DURATION	
THRU 201.00	5,226.00	26	
BASE PERIOD WAGES:			
394	494	195	295
TOTAL			
3,877.33	4,931.26	3,673.13	5,235.00
17,716.72			
NOT FOUND FOR THIS SSN: SDX DATA BENDEX DATA TPQ DATA			
PF3:RETURN PF4:UI DATA PF6:WAGE DATA			
NEXT SELECTION: MSG: MONETARILY ELIGIBLE			

Change # 1-2001	VERIFICATION INQUIRIES EMPLOYMENT SECURITY COMMISSION (ESC)	September 1, 2001
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1. **SSN:** The SSN entered by the inquirer.
2. **NAME:** The name as listed on ESC's claim file.
3. **EFFECTIVE DATE OF CLAIM:** The Sunday date of the week in which the calculation is performed. (All claims are effective with a Sunday date.)
4. **BENEFIT YEAR END:** The date the UIB year ends.
5. **WBA:** The weekly UIB amount for which the individual may be potentially eligible.
6. **DURATION:** The number of weeks for which the claimant may receive UIB, if eligible.
7. **DISQUALIFICATION THRU:** If the individual is disqualified for UIB, the date through which the disqualification applies. If the individual is disqualified indefinitely, the date will be 99/99/99.
8. **BASE PERIOD WAGES:** The quarters and wages for those quarters that were used to determine the individual's potential monetary eligibility for UIB. ESC uses the first four of the last five completed quarters for monetary determinations.
9. **TOTAL:** The total wages used in the four quarters that constitute the base period.
10. **MSG (Messages):** Although ESC determines potential monetary eligibility, an individual may be ineligible to receive benefits based on non-monetary reasons. One of the following messages may be displayed on the bottom of the screen:
 - a. **Monetarily Eligible:** The claimant is monetarily eligible and has passed the ten times (10X) test. If an individual had a previous claim and has applied for a new claim, he must have earned ten times the new Weekly Benefit Amount since the beginning of the prior claim.
 - b. **Monetarily Ineligible - Total Wages Insufficient:** The individual's total earnings were below the required minimum.
 - c. **Monetarily Ineligible - High Quarter Wages Insufficient:** The quarter with the most earnings is below the required minimum.
 - d. **Base Period Contains Used Wages:** The wages used in the calculation have been used in a prior claim.
 - e. **Cannot Calculate - Current Claim Has Not Ended:** Person has a current claim and the BYE has not expired.
 - f. **Current Claim Ineligible - Check Again Next Quarter:** The individual has a monetarily ineligible claim with an effective date in the current quarter. With this condition, a new claim can be filed in the quarter following the quarter in which a monetarily ineligible claim is effective.

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- g. **Cannot Calculate - No Wages On File.** There are no wages reported by any employers to ESC.
- h. **Monetarily Eligible - No Full Name Available:** If ESC only has this individual on their wage file, and not on their claims or applicant file, only the first four letters of the last name are displayed.
- i. **Benefits Not Available - Currently Disqualified:** If the claimant has a current claim with a positive balance but has been disqualified from receiving these benefits.
- j. **ESC File Not Currently Available:** The ESC System has been disabled.
- k. **Invalid SSN Entered:** The SSN entered was not numeric, or was all zeros or nines.

C. Employer Data Screen

This screen displays wages that are currently on the ESC wage file. Wages are listed by employer beginning with the most recent employer. The last eight quarters of wages are displayed.

Change # 1-2001	VERIFICATION INQUIRIES EMPLOYMENT SECURITY COMMISSION (ESC)	September 1, 2001
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10/12/00	*** ESC INQUIRY ***	PAGE 1 OF 2
EMPLOYER DATA		
SSN: XXX XX XXXX	NAME: NEWM	Q/YR WAGES
		2/95 5,235.00
USED		2/95 5,235.00
	NUMBER: XX-XX-XXX	1/95 3,673.13
	NAME: N C DEPT OF HUMAN RESOURCES	4/94 4,931.26
	ADDRESS: C/O XXXXX P O BOX XXXXX COLUMBUS OH 43218 2078	
		Q/YR WAGES USED
NUMBER: XX-XX-XXX		2/94 3,599.98 Y
NAME: MAD MAGAZINE		1/94 2,399.98 Y
ADDRESS: XXXXXX		4/93 2,599.98 Y
		3/93 2,166.65
MAGAZINES, INC. P O BOX XXXX NEW YORK NY 10012 4444		
PF3: RETURN	PF4: UI DATA	PF5: MONETARY
NEXT SELECTION:		

1. **SSN:** The SSN entered by the inquirer.
2. **NAME:** The name as it appears on the wage file. The ESC wage file only captures and displays the first four letters of the last name.
3. **NUMBER:** The ID number of the employer.
4. **NAME:** The name of the employer.
5. **ADDRESS:** The address of the employer.
6. **Q/YR:** The quarter and the year for which the employer reported wages.
7. **WAGES:** Quarterly earnings reported by the corresponding employer.
8. **USED:** Indicates if the corresponding quarter's wages were used to determine the individual's potential monetary eligibility for UIB.
9. **MSG:** (Messages)
 - a. **No Wages On File.** There are no wages reported by any employers to ESC.
 - b. **Invalid SSN Entered:** The SSN entered was not numeric or was all zeros or nines.

305.05 LOGOFF

To log off the system completely:

- A. Key "99" in the NEXT SELECTION field. Press ENTER.

- B. A message "EIS Session Terminated" appears.
- C. Key "LOGOFF" over this message. Press ENTER.

VERIFICATION INQUIRIES

Change # 1-2001

DEPARTMENT OF CORRECTIONS (OPUS) INQUIRY

September 1, 2001

306.01 GENERAL INFORMATION

The Offender Population Unified System (OPUS) is the Department of Corrections System for inquiry into the population of inmates and individuals on probation or parole. Use OPUS to verify the current status of an individual who has been incarcerated or on probation/parole.

306.02 LOGON

- A. From the banner screen that displays the message, IS CONNECTED TO THE STATE NETWORK, key NCTC9. Press ENTER. The following screen displays.

```

NCTC9      ( EXTERNAL PUBLIC ACCESS )      OPUS

cccccccccccc\      IIIIIIIIIIIII\      ccccccccccccc\      sssssssssss\
cccccccccccc\      IIIIIIIIIIIII\      ccccccccccccc\      sssssssssss\
ccc\////////\      \\\III\////////\      cccc\////////\      ssss\////////\
      cccc\      III\      cccc\      ssss\
      cccc\      iii\      cccc\      ssss\
      cccc\      iii\      cccc\      ssss\
      ccccccccccc\      IIIIIIIIIIIi\      ccccccccccccc\      sssssssssss\
      ccccccccccc\      IIIIIIIIIIIi\      ccccccccccccc\      sssssssssss\
      \////////\      \////////\      \////////\      \////////\
                                                    PF 1 Help
                                                    PF 3 Exit

      ..fill in bill-code (as:bbb-ddd).
Userid  ==>      bill-cde ==>
Password ==>      new pswd ==>
      Please fill in your Userid and Password and press ENTER

News ----- PF 2 Zoom
      W E L C O M E   T O   T H E   O P U S   S Y S T E M
      E X T E R N A L   P U B L I C   A C C E S S   ( N C T C 9 )
+-----+
Tue Nov 19 11/19/96 14:25:04 term=$031/WDAT028 sys=NCTC9 cpu=SYSB USER

```

- B. Key your RACF ID in the USER ID field, HZF-COR in the BILL CODE field, and your self-assigned password in the PASSWORD field. Press ENTER.
- C. A blank screen displays. Key OPUS. Press ENTER. The OPUS Main Menu displays.

```

OPUS 0      TS07P56      11/19/96 14:26:39
      ASIS001      MAIN MENU - LIST OF SUBSYSTEMS      NC/DOC      PAGE 001

ACT.      SUBSYSTEM NAME AND TITLE      STATUS
---      -
-      PEA      PUBLIC EXTERNAL ACCESS      EXTERNAL ACCESS (NCC

ACTIONS: T=SCREEN TRANSACTIONS, J=BATCH JOBS

```

VERIFICATION INQUIRIES

Change # 1-2001

DEPARTMENT OF CORRECTIONS (OPUS) INQUIRY

September 1, 2001

- D. Key a T in the ACT field to the left of PEA. Press ENTER.
- E. The LIST OF SCREEN TRANSACTIONS displays.

AS02 0 PEA ASIS002		TS07P56 11/19/96 14:32:22 NC/DOC PAGE 001	
LIST OF SCREEN TRANSACTIONS			
SUBSYSTEM: PEA - PUBLIC EXTERNAL ACCESS		STATUS: EA	
ACT	SCREEN NAME AND TITLE	TRAN. CODE	STATUS
-----		---	-----
-	PEAS001 INMATE SUMMARY RECORD	PE01	EXTERNAL ACCESS (NCC
-	PEAS005 P&P CLIENT RECORD (SUMMARY)	PE05	EXTERNAL ACCESS (NCC
-	PEAS010 OFFENDER SENTENCE HISTORY	PE10	EXTERNAL ACCESS (NCC
-	PEAS015 OFFENDERS BY NAME	PE15	EXTERNAL ACCESS (NCC
-	PEAS016 OFFENDERS BY OTHER ID	PE16	EXTERNAL ACCESS (NCC
		F1=MAIN MENU F4=REPORTS	
ACTIONS: S=SYNOPSIS T=TRAN.TYPES			

1. Inquiry Options
 - a. PEAS001 - INMATE SUMMARY RECORD - This option requires the individual s DOC ID number.
 - b. PEAS005 - P&P CLIENT RECORD (SUMMARY) - This option requires the individual s DOC ID number.
 - c. PEAS010 - OFFENDER SENTENCE HISTORY - This option requires the individual s DOC ID number.
 - d. PEAS015 - OFFENDERS BY NAME - This option allows a search by name.
 - e. PEAS016 - OFFENDERS BY OTHER ID - This option allows a search by several types of individual ID.
2. Key an S in the ACT field to the left of the option for which you wish to see a synopsis. Press ENTER. A description of the option displays. Press PF8 to go to the next page of the synopsis. Press PF6 to go to the previous page of the synopsis. Press PF3 to return to the List of Screen Transactions.

VERIFICATION INQUIRIES

Change # 1-2001

DEPARTMENT OF CORRECTIONS (OPUS) INQUIRY

September 1, 2001

F. Offenders By Name Inquiry

Since the inmate s name is usually the only information known, this is the inquiry you will use most frequently.

AS04 0 PEA PEAS015	TS07P56	11/19/96 14:42:03
ASIS004	LIST OF TRANSACTION TYPES	NC/DOC PAGE 001
SUBSYSTEM: PEA - PUBLIC EXTERNAL ACCESS	STATUS: EXTERNAL ACCESS (NCC TRANSACTION)	
ACT	SCREEN NAME AND TITLE	CODE TY. TITLE
---	-----	-----
-	PEAS015 OFFENDERS BY NAME	PE15 1 DISPLAY INMATES BY NAME
-		PE15 2 DISPLAY P&P CLIENTS BY NAME
-		PE15 3 DISPLAY INACTIVE OFFENDERS
ACTIONS: S=SYNOPSIS T=TRAN.SUBMITTER		F1=MAIN MENU F3=SCREENS F4=REPORTS

1. Display Inmates By Name: Use this function to view information on Active Inmates.

- From the LIST OF TRANSACTION TYPES screen, key a T in the ACT field to the left of DISPLAY INMATES BY NAME. Press ENTER. The following screen displays.

AS06 0 PEA PEAS015 1	TS07P56	11/19/96 14.47.56
ASIS006	CICS TRANSACTION SUBMITTER	NC/DOC PAGE 001
SUBSYSTEM: PEA - PUBLIC EXTERNAL ACCESS	STATUS: EXTERNAL ACCESS (NCC9)	
SCREEN: PEAS015 - OFFENDERS BY NAME	STATUS: EXTERNAL ACCESS (NCC9)	
RUN CONTROL PARAMETER NAME AND TITLE	VALUE	OPT/MAN. FORMAT CD HELP
-----	-----	-----
TRANCODE TP TRANSACTION ID NAME	PE15	M 04 A/N Y
TRANSTYPE DISPLAY INMATES BY NAME	1	M 01 A/N Y
CMALSTNM OFFENDER LAST NAME		M 12 A/N Y
CMAFSTNM OFFENDER FIRST NAME		O 11 A/N Y
MIDINIT OFFENDER MIDDLE INITIAL		O 01 A/N
EXMATCH EXACT MATCH REQUESTED		O 01 A/N Y
CDCLBRTHMM OFFENDER DATE OF BIRTH MONTH		O 02 NUMERIC
CDCLBRTHDD OFFENDER DATE OF BIRTH DAY		O 02 NUMERIC
CDCLBRTHYY OFFENDER DATE OF BIRTH CCYY		O 04 NUMERIC
DTRANGE RANGE (+/-) FOR BIRTH YEAR		O 02 NUMERIC
CDCLSEX OFFENDER GENDER CODE		O 01 A/N Y Y
CDCLRACE OFFENDER RACE CODE		O 01 A/N Y Y
FILL IN ALL MANDATORY PARMS PLUS PERTINENT OPTIONAL PARMS AND PRESS "ENTER" KEY		
F1=MAIN MENU F3=SCREENS F4=REPORTS		
ENTER '??' FOR VALUE TO RECEIVE HELP		

- (1) OPT/MAN indicates whether data is mandatory (M) or optional (O) for a search.
- (2) FORMAT indicates the length of the field and whether the entry is alphabetical (A) or numeric (N) or either (A/N).
- (3) The Y in the HELP field indicates whether or not on-screen help is available for the field. Enter ?? in the VALUE field to receive help for a specific entry. Press ENTER. A screen displays with the valid values for the field. From the help screen, press PF3 to return to this screen.

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DEPARTMENT OF CORRECTIONS (OPUS) INQUIRY

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- b. Key available information. Press ENTER. A screen of potential matches displays.

PE15 1 HARRINTON,	00	TS07P56	11/19/96	15.16.30
ORPS001	INMATE	OFFENDERS BY NAME	NC/DOC	PAGE 001
COMMITTED AND/OR ALIAS	BIRTH	CURRENT		
LAST, FIRST MI. SUF.	DOC.NO.	DATE	RACE	LOCATION
- XXXX, WALTER LEE	0411000	04/08/69	BLACK	LUMBERTON CI
				STATUS
				ACTIVE

ACT: I=INM.RCD. P=P&P RCD

F1=MAIN MENU F3=SCREENS F4=REPORTS
F8=PGDN

- c. Press PF8 to page down through the list of inmates. Press PF6 to return to the first page. Individuals may be displayed more than once if there is more than one incarceration or an alias.

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DEPARTMENT OF CORRECTIONS (OPUS) INQUIRY

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- d. Key I to the left of the inmate whose record you wish to view. Press ENTER. The following screen displays.

PE01 0 0495360	TS07P56	11/19/96	15:37:41
IPTS001	INMATE SUMMARY RECORD AS OF 11/19/96	NC/DOC	PAGE 001
DC#: 0495360	NAME: XXXXXXXXXX, WALTER	STATUS: ACTIVE	
GENDER: M	RACE: B	ETHNIC: AFRICAN	
DOB: 04/08/1969	BIRTHPLACE: NC	COUNTY: WAKE	STATE: NORTH CAROLINA
HEIGHT: 5F 11I	WEIGHT: 157 LBS	HAIR: BLACK	EYES: BROWN
	SID: NC0635657A	DL:	
SENTENCE SUMMARY			
CONVICTED: 07/03/1995		TOTAL TERM: 7Y 8M 0D	PROJECTED REL: 10/24/2000
CRIME: ROBBERY W/DANGEROUS W(ATTEMPTED)		F/M: FELON	PAROLE ELIG: 10/24/2000
INCARCERATION SUMMARY			
ADMITTED: 07/05/1995		ADM.LOC: 3100	SPECIAL CHAR: REG
CUSTODY: MED		NEXT REVIEW: 01/15/97	CONTROL: DSEG
ON EARN TIME RATE 3		AS OF: 11/05/96	#INFRACTIONS: 007
CURRENT LOCATION: 4365-LUMBERTON CI		LATEST ON: 08/27/96	
PREVIOUS LOCATION: 3400-EASTERN CI			
LAST MOVEMENT: RECEIVED FROM EAST ON 05/23/96 RSN: INST. CLASS. COMM.			
RECORD CONTENTS (COMPLETE)			
DETAINERS?: Y ESCAPES?: N REST?: Y			
PRIOR INCARCERATIONS?: N			
F1=MAIN MENU F3=SCREENS F4=REPORTS			

- e. An error screen displays if there are no **active** inmate matches. You may wish to search inactive inmates or individuals on probation/parole.
- f. The STATUS field indicates whether the individual is an active or inactive inmate, probationer, or parolee.
- g. Press PF3 to return to the LIST OF SCREEN TRANSACTIONS screen.
- NOTE:** There is no mechanism to return to any screens other than the LIST OF SCREEN TRANSACTIONS screen.
- h. Press PF1 to return to the Main Menu.

2. Display P&P Clients By Name: Use this function to view information on individuals on Probation or Parole.

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Change # 1-2001

DEPARTMENT OF CORRECTIONS (OPUS) INQUIRY

September 1, 2001

- a. From the LIST OF TRANSACTION TYPES screen, key a T in the ACT field to the left of DISPLAY P&P CLIENTS BY NAME. Press ENTER. The following screen displays.

AS06 0 PEA PEAS015 1		TS07P56 11/19/96 14.47.56	
ASIS006		NC/DOC PAGE 001	
CICS TRANSACTION SUBMITTER			
SUBSYSTEM: PEA - PUBLIC EXTERNAL ACCESS		STATUS: EXTERNAL ACCESS (NCC9	
SCREEN: PEAS015 - OFFENDERS BY NAME		STATUS: EXTERNAL ACCESS (NCC9	
RUN CONTROL PARAMETER NAME AND TITLE		OPT/ MAN.	CD HELP
TRANCODE	TP TRANSACTION ID NAME	PE15	M 04 A/N Y
TRANATYPE	DISPLAY P&P CLIENTS BY NAME	2	M 01 A/N Y
CMALSTNM	OFFENDER LAST NAME		M 12 A/N Y
CMAFSTNM	OFFENDER FIRST NAME		O 11 A/N Y
MIDINIT	OFFENDER MIDDLE INITIAL		O 01 A/N
EXMATCH	EXACT MATCH REQUESTED		O 01 A/N Y
CDCLBRTHMM	OFFENDER DATE OF BIRTH MONTH		O 02 NUMERIC
CDCLBRTHDD	OFFENDER DATE OF BIRTH DAY		O 02 NUMERIC
CDCLBRTHYY	OFFENDER DATE OF BIRTH CCYY		O 04 NUMERIC
DTRANGE	RANGE (+/-) FOR BIRTH YEAR		O 02 NUMERIC
CDCLSEX	OFFENDER GENDER CODE		O 01 A/N Y Y
CDCLRACE	OFFENDER RACE CODE		O 01 A/N Y Y
FILL IN ALL MANDATORY PARMS PLUS PERTINENT OPTIONAL PARMS AND PRESS "ENTER" KEY			
F1=MAIN MENU F3=SCREENS F4=REPORTS			
ENTER '??' FOR VALUE TO RECEIVE HELP			

- (1) OPT/MAN indicates whether data is mandatory (M) or optional (O) for a search.
- (2) FORMAT indicates the length of the field and whether the entry is alphabetical (A) or numeric (N) or either (A/N).
- (3) The Y in the HELP field indicates whether or not on-screen help is available for the field. Enter ?? in the VALUE field to receive help for a specific entry. Press ENTER. A screen displays with the valid values for the field. From the help screen, press PF3 to return to this screen.

- [illegible]

- | | | | | | | | |
|---------------------|----------------------------------|----------------------------|---------------------|-------------|---------|----------------------|----------|
| PE05 | 0 | 0533685 | | | TS07P56 | 11/20/96 | 11:12:27 |
| PPSS001 | PROBATIONER/PAROLEE RECORD AS OF | | | 11/20/96 | NC/DOC | PAGE 001 | |
| DC#: | 0533685 | NAME: | XXXXXX, DAVID KEITH | STATUS: | | ACTIVE P/P | |
| GENDER: | MALE | RACE: | WHITE | ETHNIC: | | UNKNOWN | |
| DOB: | 05/02/1977 | BIRTHPLACE: | NC | COUNTY: | WAKE | STATE: NORTH CAROLIN | |
| HEIGHT: | 6F 01I | WEIGHT: | 145 LBS | HAIR: | RED | EYES: | BROWN |
| | | SID: | | | | DL: | |
| SENTENCE SUMMARY | | | | | | | |
| CONVICTED: | | 06/05/1996 | | TOTAL TERM: | | 001Y 00M 00D | |
| SCHEDULED END: | | 06/05/1997 | | | | | |
| CRIME: | | DRIV LICENSE REVOKED | | F/M: | | MISD. | |
| PUNISHMENT: | | COMMUNITY SS (D | | | | | |
| SUPERVISION SUMMARY | | | | | | | |
| INTAKE: | | 06/05/1996 | | STATE: | | NORTH CAROLINA | |
| COUNTY: | | WAKE | | | | | |
| CURR.SUPV.TYPE: | | PRO: | | PROBATION | | SUPV.STATUS: | |
| ACTIVE | | ACT | | | | | |
| P/P OFFICE: | | 510XJ - DISTRICT 10 UNIT J | | | | | |
| LAST GAIN: | | 06/05/96 | | TYPE: | | INTAKE NEW CASE | |
| RSN: | | NORTH CAROLINA CASE | | | | | |
| RISK ASMT: | | 06/05/96 | | LEVEL: | | MAXIMUM | |
| RSN: | | ??? | | | | | |
| PROGR.RPT: | | TYPE: | | RPT. | | STATUS: | |

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3. Display Inactive Offenders: This function is an inquiry of individuals who are not active inmates or on probation or parole.
 - a. From the LIST OF TRANSACTION TYPES screen, key a T in the ACT field, to the left of DISPLAY INACTIVE OFFENDERS. Press ENTER. The following screen displays.

```

AS06 0 PEA PEAS015 1 TS07P56 11/19/96 14.47.56
ASIS006 CICS TRANSACTION SUBMITTER NC/DOC PAGE 001

SUBSYSTEM: PEA - PUBLIC EXTERNAL ACCESS STATUS: EXTERNAL ACCESS (NCC9
SCREEN: PEAS015 - OFFENDERS BY NAME STATUS: EXTERNAL ACCESS (NCC9
OPT/
RUN CONTROL PARAMETER NAME AND TITLE VALUE MAN. FORMAT CD HELP
-----
TRANCODE TP TRANSACTION ID NAME PE15 M 04 A/N Y
TRANSTYPE DISPLAY INMATES BY NAME 1 M 01 A/N Y
CMALSTNM OFFENDER LAST NAME M 12 A/N Y
CMAFSTNM OFFENDER FIRST NAME O 11 A/N Y
MIDINIT OFFENDER MIDDLE INITIAL O 01 A/N
EXMATCH EXACT MATCH REQUESTED O 01 A/N Y
CDCLBRTHMM OFFENDER DATE OF BIRTH MONTH O 02 NUMERIC
CDCLBRTHDD OFFENDER DATE OF BIRTH DAY O 02 NUMERIC
CDCLBRTHYY OFFENDER DATE OF BIRTH CCYY O 04 NUMERIC
DTRANGE RANGE (+/-) FOR BIRTH YEAR O 02 NUMERIC
CDCLSEX OFFENDER GENDER CODE O 01 A/N Y Y
CDCLRACE OFFENDER RACE CODE O 01 A/N Y Y

FILL IN ALL MANDATORY PARMS PLUS PERTINENT OPTIONAL PARMS AND PRESS "ENTER" KEY
F1=MAIN MENU F3=SCREENS F4=REPORTS
ENTER '??' FOR VALUE TO RECEIVE HELP

```

- (1) OPT/MAN indicates whether data is mandatory (M) or optional (O) for a search.
 - (2) FORMAT indicates the length of the field and whether the entry is alphabetical (A) or numeric (N) or either (A/N).
 - (3) The Y in the HELP field indicates whether or not on-screen help is available for the field. Enter ?? in the VALUE field to receive help for a specific entry. Press ENTER. A screen displays with the valid values for the field. From the help screen, press PF3 to return to this screen.
- b. Key available information. Press ENTER. A screen of potential matches displays.

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DEPARTMENT OF CORRECTIONS (OPUS) INQUIRY

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PE15 3 PARKER,	00	TS07P56	11/26/96	11.01.05
ORPS001	INACTIVE OFFENDERS BY NAME		NC/DOC	PAGE 001
COMMITTED AND/OR ALIAS	BIRTH	PREVIOUS		
LAST, FIRST MI. SUF.	DOC.NO.	DATE	RACE	LOCATION
XXXXXX, BILLY E.	0420053	02/12/75	WHITE	DAPP
				STATUS
				CLOSED

ACT: I=INM.RCD. P=P&P RCD

F1=MAIN MENU F3=SCREENS F4=REPORTS
F8=PGDN

c. Press PF8 to page down through the list of inmates. Press PF6 to return to the first page. Individuals may be displayed more than once if there is more than one incarceration or an alias.

d. Key an I to the left of the individual whose record you wish to view. Press ENTER. The following screen displays.

PE01 0 0426963	TS07P56	11/26/96	11:09:41
IPTS001	INMATE SUMMARY RECORD AS OF	11/26/96	NC/DOC
DC#: 0426963	NAME: XXXXXXXXX, FRED W.	STATUS: INACTIVE	
GENDER: M	RACE: B	ETHNIC: UNKNOWN	
DOB: 06/24/1941	BIRTHPLACE: NC	COUNTY: GUILFORD	STATE: NORTH CAROLINA
HEIGHT: 5F 07I	WEIGHT: 168 LBS	HAIR: BLACK	EYES: BROWN
	SID: NC0081595A	DL:	
SENTENCE SUMMARY			
CONVICTED:	TOTAL TERM:	0Y 0M 0D	PROJECTED REL: UNAUDITED
CRIME: ???		F/M: ???	PAROLE ELIG: UNAUDITED
INCARCERATION SUMMARY			
ADMITTED: 08/23/1977	ADM.LOC: 4440	SPECIAL CHAR: PRV	
CUSTODY: MN1	NEXT REVIEW:	CONTROL: RPOP	NEXT REVIEW:
RATE	AS OF:	#INFRACTIONS: 000	LATEST ON:
CURRENT LOCATION: UNKC-UNKNOWN AT CO		PREVIOUS LOCATION: 4435-SANDY RIDGE C	
LAST MOVEMENT: EXPIRATION	ON 04/20/78	RSN: RELEASE	
RECORD CONTENTS (COMPLETE)			
	DETAINERS?: N	ESCAPES?: N	REST?: N
	PRIOR INCARCERATIONS?: Y		

F1=MAIN MENU F3=SCREENS F4=REPORTS

e. An error screen displays if there are no potential matches of inactive inmates. You may wish to search active inmates or probation/parole records.

f. The STATUS field indicates whether the individual is an active or inactive inmate, probationer or parolee.

g. Press PF3 to return to the LIST OF SCREEN TRANSACTIONS screen.

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NOTE: There is no mechanism to return to any screens other than the LIST OF SCREEN TRANSACTIONS screen.

h. Press PF1 to return to the Main Menu.

306.03 LOGOFF

To log off OPUS, clear the screen. Key LOGOFF and press ENTER.

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DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
Change # 1-2001 STATE TITLING AND REGISTRATION SYSTEM (STARS) September 1, 2001

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VERIFICATION INQUIRIES
DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
Change # 1-2001 STATE TITLING AND REGISTRATION SYSTEM (STARS) September 1, 2001

307.01 GENERAL INFORMATION

- A. The DOT s State Titling and Registration System (STARS) was implemented on December 2, 1996. STARS may be used as a lead to determine ownership of an applicant/recipient s (a/r s) motor vehicle(s). It should be treated as a lead requiring further research to determine if the a/r does in fact still own a vehicle. Ownership of vehicle(s) should be verified according to regulations in the appropriate policy manual.
- B. If an a/r has sold/transferred a vehicle, and the new owner has not registered the vehicle in his name, the vehicle continues to show under the prior owner s name. This can occur if there is a delay in re-registration such as:
 - 1. The vehicle is sold to someone out-of-state;
 - 2. The vehicle is traded in on another vehicle and the company has not sold the vehicle yet;
 - 3. The vehicle is wrecked or junked and re-registration would not occur; **or**
 - 4. The vehicle is sold to an individual who does not register the vehicle.
- C. Mobile homes are usually recorded only when a license is required for the mobile home to be moved or if the customer requests that it be titled. Generally, if the mobile home is to be used as real estate, it will not be titled, but it will be declared at the Register of Deeds.
- D. At conversion to STARS, a match was performed on individuals who had more than one registered vehicle. If there was not an exact match on first name, last name, middle initial, or complete address, the system assumed they were not the same individual. These discrepant records were assigned separate Customer ID s. The Department of Motor Vehicles (DMV) is working to resolve these discrepancies on an ongoing basis.
- E. STARS may also be used to determine the value of a vehicle. If the vehicle is not in the inquiry system, use information in the tax records or alternative methods listed in each specific program policy manual.

The value displayed represents the highway use tax value. This value does not exceed the wholesale value of the vehicle. The value table is updated in January and July each year.

307.02 STARS LOGON PROCEDURES

- A. From the banner screen which shows the message, IS CONNECTED TO THE STATE NETWORK, key NCDOT. Press ENTER. The following screen displays:

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DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
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```

WELCOME TO CICS      FOR DOT HIGHWAY/MOTOR VEHICLE SYSTEMS---
cccccccccccccc\      IIIIIIIIIIIII\      cccccccccccc\      ssssssssssss\
cccccccccccccc\      IIIIIIIIIIIII\      cccccccccccc\      ssssssssssss\
ccc\\////////\      \\\III\\////////\      cccc\\////////\      ssss\\////////\
ccc\      III\      cccc\      ssss\
ccc\      iii\      cccc\      ssss\
ccc\      iii\      cccc\      ssss\
ccc\      iii\      cccc\      ssss\
cccccccccccccc\      IIIIIIIIIIIII\      cccccccccccc\      ssssssssssss\
cccccccccccccc\      IIIIIIIIIIIII\      cccccccccccc\      ssssssssssss\
\\////////\      \\\III\\////////\      \\\III\\////////\      \\\III\\////////\
                                                                    PF 1  Help
                                                                    PF 3  Exit
..fill in bill-code (as:bbb-ddd).
Userid  ==>      bill-cde ==>
Password ==>      new pswd ==>
Please fill in your Userid and Password and press ENTER
News ----- PF 2  Zoom
| *** I M P O R T A N T instructions for first time PIE users !
| PIE is shipped with two sample profiles - 'USER' and 'ACCOUNT'.
| They can be customized by your Systems Administrator.
| Press PF2 for more information ....
+-----+
Thu Jan 02 01/02/97 14:46:06 term=@430/ZDA01563 sys=NCDOT cpu=SYSB USER

```

- B. Key your RACF ID in the USER ID field, STR-DOT in the BILL CODE field, and your self-assigned password in the PASSWORD field. Press ENTER.
- C. A blank screen displays. Key VQ36. Press ENTER. The STARS PRIVACY ACT ACKNOWLEDGEMENT screen displays. Press PF-10 to continue. The EXTERNAL INQUIRY MAIN MENU displays:

```

VQ36 $100      EXTERNAL INQUIRY MAIN MENU      02/01/00 10:49:36

SELECT OPTION

CUSTOMER ID      CITY

FIRST      MIDDLE      LAST      SUF

TITLE NUMBER      PLATE NUMBER      YEAR
VIN NUMBER      PLACARD NUMBER

01) GENERAL VEHICLE      06) PLACARD
02) ADDRESS      07) PLATE HISTORY
03) LIEN      08) TAX VALUE
04) CURRENT OWNER/PRIOR PLATE
05) PRIOR OWNER/PRIOR PLATE

PF1/HELP      PF2/      PF3/RETURN      PF4/      PF5/REFRESH PF6/

```

307.03 STARS INQUIRY OPTIONS

- A. You may select any of the following inquiry options by keying the corresponding number to the right of SELECT OPTION. You do not have to key the leading zero. You must also enter a key. See 307.04.

1. 01: GENERAL VEHICLE

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2. 02: ADDRESS
 3. 03: LIEN
 4. 04: CURRENT OWNER/PRIOR PLATE
 5. 05: PRIOR OWNER/PRIOR PLATE (same as TITLE HISTORY)
 6. 08: TAX VALUE
- B. The screens listed above are the six primary screens. You may see other screens as well as these, which are described later. You may encounter other screens which are not described in this manual section, but they should not affect eligibility determinations.
- C. When you select screens 1-5 above, you may see all of the other primary screens by pressing ENTER to move forward. The screens appear in the order listed above. To return to a previous screen, for example, from the address screen back to the general vehicle screen, press PF3.

307.04 STARS INQUIRY KEYS

You may inquire using any of the following as your key:

- A. CUSTOMER ID: This may be obtained from the client s driver s license. It is the same as the driver s license number, unless it is a business-owned vehicle. A business or dealer customer has a system assigned ID. Enter the Customer ID to the right of CUSTOMER ID.
- B. CUSTOMER NAME: Enter the first name at the first tab above the FIRST field. Enter the middle initial at the next tab, and the last name at the next tab. If there is a suffix, key the suffix at the next tab.
1. If any portion of the name is incomplete or unknown, key a "?" as the last character of that name.
- EXAMPLE:** Your client states his name is Chris S. Lennon. You may enter Chris? S? Lennon to obtain a list of all individuals with a similar name.
2. Do not key spaces or symbols in the last name.
- EXAMPLE:** Key O'Brian as Obrian and Van Dyke as Vandyke. However, hyphens are allowed, such as Jones-Smith.
- C. TITLE NUMBER: Enter the number obtained from the vehicle title to the right of TITLE NUMBER.
- D. PLATE NUMBER: Enter the number from the license tag to the right of PLATE NUMBER. Do not key spaces or symbols in the plate number.

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- E. VEHICLE IDENTIFICATION NUMBER (VIN): You may obtain this number from the vehicle title, the vehicle registration, or the vehicle itself. Enter this number to the right of the VIN NUMBER.

NOTE: If the name of the city is entered in the CITY field, it narrows the search to vehicles registered in that city only. Therefore, we do not recommend that you enter the city. You must perform a statewide search.

- F. SCREENS OPTIONS IF CUSTOMER NAME IS ENTERED AS KEY

1. If a name is entered, a list of possible matches may display.

VQ05 g111	CUSTOMER SEARCH LIST	01/03/97 16:59:22
CMD	CUSTOMER NAME	CUSTOMER ID
PF1/HELP	PF2/ PF7BACKWARD	PF3RETURN PF8FORWARD
	PF4/ PF9/PRINT	PF5/ PF10/ PF11/ PF12/MENU
		PF6/

- a. If there is more than one screen, you may go to the next screen by pressing PF8. To return to the previous screen, press PF7. To select an individual, key an S to the left of the individual and press ENTER.
- b. Field Descriptions
- (1) Customer ID: The ID of the customer displayed.
 - (2) Customer Name: The customer s name.
 - (3) Address: The city, zip code, and mailing address display under the customer s name.
2. If an individual is selected or if there is only one matching individual, and the individual has more than one vehicle, a listing of all vehicles in that individual s name, displays.

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DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
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VQ06 @111	VEHICLES BY CUSTOMER					01/03/97 16:45:42		
CUST ID 000009876543								
CHRISTOPHER XXXXX								
18 XXXXXXXX								
LONDON		NC 26526						
CMD	VIN	NUMBER	YEAR	MAKE	MODEL	BS	PLATE ID	EXPIR/DT
1EJH9652DM	1440821		1996	HOND	ACCORD	4S	SCD1989	10/31/1997
KO2QC3326IV	671161		1987	FORD	EXPLOR	4S	IMUS850	05/31/1997
SYS0007 - END OF DATA								
PF1/HELP	PF2/IMAGE	PF3/RETURN	PF4/	PF5/	PF6/			
	PF7/BACKWARD	PF8/FORWARD	PF9/	PF10/	PF11/	PF12/MENU		

- a. To select the vehicle you wish to view, key an S in the command line beside the vehicle and press ENTER.
- b. Field Descriptions
 - (1) Customer ID: The ID of the owner keyed.
 - (2) Customer Name and Address: The name and address of the customer display beneath the Customer ID.
 - (3) VIN Number: The vehicle identification number of the vehicle.
 - (4) Year: The year model of the vehicle.
 - (5) Make: The make of the vehicle displayed. Refer to 3900.05, A. 6.
 - (6) Model: The model name of the vehicle.
 - (7) BS: The body style of the vehicle. Refer to 307.05, A. 8.
 - (8) Plate ID: The owner s plate if the plate is a current active or inactive plate.
 - (9) Expir/Dt: The date the plate will expire.

307.05 PRIMARY SCREEN DESCRIPTIONS

- A. GENERAL VEHICLE DETAIL: This screen displays the most current owner information.

VERIFICATION INQUIRIES
DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
Change # 1-2001 STATE TITLING AND REGISTRATION SYSTEM (STARS) September 1, 2001

VQ17 @417	GENERAL VEHICLE DETAIL	01/08/97 11:19:41
STATUS CURRENT TITLE, NOT HELD		
TITLE	000002632423761	1991 HOND ACCORD EX/EX 4S CD 67569
KINDC8774ND51683	1991 HOND ACCORD EX/EX	
DEALER CS		
ACT DT 112896	TITLE DT 062095	TPF DT 062095 APPL DT 062095 PRNT DT 062095
OWNER ID 000003067699	OWNERS 1	LIENS 1 EQUIP TAX CNTY WAKE
LARA XXXXXX		
1983 UMSTEAD DRIVE		
RALEIGH NC 276260529		
LESSEE ID	LESSEES	CONTROL
PLATE NO KEY4450	ISS DT 070896	EXP DT 063097 WEIGHT
FHVUT DT	CRT PRIVATE AUTO	USE PASS DRAFT N
INS.CO. N31 - NATIONWIDE	POLICY NO	
STATUS ACTIVE	07/08/1996	CERT DT 070896 CERT TYPE
PF1/HELP	PF2/IMAGE	PF3/RETURN PF4/
PF7/	PF8/	PF9/PRINT PF10/DRAFTS PF11/ PF12/MENU

1. VEHICLE BRAND: Displays immediately under VQ12 in the upper left corner. The valid brands are:
 - a. RECONST: Reconstructed
 - b. NON USA: Non-USA
 - c. WATER/FLD: Water/Flood Damaged
 - d. SALVAGE: Salvage
 - e. SAL/REBUI: Salvage/Rebuilt
 - f. MOTOR CHG: Motor Change
 - g. BODY CHG: Body Change
 - h. LEMON: Lemon
2. STATUS: The status of the title number displayed. Current Title, Not Held indicates that this is the current title and that DMV has not held the printing of the title to resolve a discrepancy or problem.
3. TITLE INDICATOR: Displays DUP if the title number displayed is a duplicate title.
4. TITLE NUMBER: The title number that was issued for the vehicle.
5. YEAR: The year model of the vehicle.
6. MAKE: The make of the vehicle.

VERIFICATION INQUIRIES
DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
STATE TITLING AND REGISTRATION SYSTEM (STARS) September 1, 2001

Change # 1-2001

<u>Code</u>	<u>Vehicle Make</u>
ALFA	ALFA ROMEO
AMER	AMERICAN MOTORS
AUDI	AUDI
AUST	AUSTIN
BMW	BMW
BUIC	BUICK
CADI	CADILLAC
CAP	CAPRI
CHEV	CHEVROLET
CHRY	CHRYSLER
DATS	DATSUN
DIAT	DIAMOND
DODG	DODGE
FIAT	FIAT
FORD	FORD
GMC	G M C
HOND	HONDA
HYUN	HYUNDAI
INTL	INTERNATIONAL
JAGU	JAGUAR
JENS	JENSEN
JEP	JEEP
LEXU	LEXUS
LINC	LINCOLN
LNCI	LANCIA
MAZD	MAZDA
MERC	MERCURY
MERZ	MERCEDES BENZ
MG	MG
OLDS	OLDSMOBILE
OPEL	OPEL
PLYM	PLYMOUTH
PONT	PONTIAC
PORS	PORSCHE
RENA	RENAULT
SAA	SAAB
SUBA	SUBARU
TOYT	TOYOTA
TRIU	TRIUMPH
VOLK	VOLKSWAGEN
VOLV	VOLVO

NOTE: If you see a code that is not listed, generally the code is derived from the first four letters of the name of the vehicle make.

7. MODEL: The model of the vehicle.
8. BODY STYLE: The body style of the vehicle.

VERIFICATION INQUIRIES
DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
Change # 1-2001 STATE TITLING AND REGISTRATION SYSTEM (STARS) September 1, 2001

Code	Body Style
AM	AMBULANCE
CN	CONVERTIBLE
CV	CONVERTIBLE
CP	COUPE
2H	2 DOOR HARDTOP
2T	2 DOOR HARDTOP
4H	4 DOOR HARDTOP
4T	4 DOOR HARDTOP
RD	ROADSTER
SD	SEDAN (USED WHEN NUMBER OF DOORS UNKNOWN)
2S	2 DR SEDAN
2D	2 DOOR
3S	3 DR SEDAN
4S	4 DR SEDAN
3D	3 DOOR
4D	4 DOOR
BU	BUS
HR	HEARSE
HT	HOUSE TRAILER
TL	TRAILER
HB	HOUSE BOAT
MH	MOBILE HOME
JP	JEEP
LM	LIMOUSINE
MC	MOTORCYCLE
HC	HOUSECAR
GC	GOLF CART
WC	WHEEL CHAIR
SW	STATION WAGON
SP	SPECIAL MOBILE EQUIPMENT
TR	TRACTOR (TRUCK TRACTOR)
TK	TRUCK
PN	PANEL VAN
VN	VAN
WK	WRECKER
RV	RECREATIONAL VEHICLE
UT	UTILITY VEHICLE (e.g., BLAZER, BRONCO)

9. OD (Odometer): The odometer reading declared on the application for title for a vehicle less than ten years old.
10. VIN: The Primary VIN (serial number) of the vehicle.
11. SECONDARY VIN: The secondary VIN (if one exists).
12. DEALER: The dealer number if the vehicle was sold by a North Carolina Dealer.
13. ACT DATE: The date the last title action was taken. Some of the reasons for a change in action dates are:

VERIFICATION INQUIRIES
DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
STATE TITLING AND REGISTRATION SYSTEM (STARS) September 1, 2001

Change # 1-2001

- a. Change in Ownership
- b. Change in Address
- c. Stolen Vehicle
- d. Insurance Stop
- e. Plate Turned In (current or prior)
- f. Correspondence
- g. Request for Duplicate Title
- h. Lien Recording
- i. Lien Change of Address
- j. Title Canceled
- k. Title Returned Unclaimed

- 14. TITLE DATE: The date the vehicle was first titled in North Carolina.
- 15. TRF DT: The date the title was transferred to the current owner.
- 16. APPL DT: The date the application was accepted at the Branch Office.
- 17. PRNT DT: The date the title was printed.
- 18. OWNER ID: The Customer ID number.
- 19. OWNER: The number of owners of the vehicle. If the vehicle is owned by more than two individuals, you may view all owners by pressing ENTER. The Additional Owner screen displays.
- 20. LIENS: The number of liens, up to six, that are recorded for the vehicle.
- 21. EQUIP: The equipment number declared by the customer (if one is declared).
- 22. TAX CNTY: The county in which the vehicle is to be listed for property tax. This displays the first five characters of the county name.
- 23. OWNER NAME AND ADDRESS: The primary owner and the first co-owner of the vehicle and the address of the primary owner.
- 24. LESSEE ID: The Customer ID of the lessee (if one exists).
- 25. LESSEES: The number of lessees. If there are more than two lessees, you may press PF10 to obtain the additional lessees names.
- 26. CONTROL: The lessee type control number.
- 27. LESSEE NAME AND ADDRESS: The names of the primary lessee and the first co-lessee and the address of the primary lessee.
- 28. PLATE NO: The current owner s most current plate. If the vehicle is leased, it displays the lessee s plate.
- 29. ISS DT: The date the plate was issued.

VERIFICATION INQUIRIES
DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
Change # 1-2001 STATE TITLING AND REGISTRATION SYSTEM (STARS) September 1, 2001

- 30. EXP DT: The date the plate will expire.
 - 31. WEIGHT: The license weight of the vehicle declared by the customer.
 - 32. FHVUT DT: If an Internal Revenue Service (IRS) Form 2290 was submitted, the date it will expire. (If a license weight is 55,000 pounds or greater, the customer is required to submit an IRS Form 2290.)
 - 33. CAT: The category corresponding with the type of plate issued.
 - 34. USE: The code corresponding with how the vehicle is being used.
 - 35. DRAFT: If the license fee was paid with a draft, this field displays a Y. Otherwise, it will be an N.
 - 36. INS. CO.: The three-digit code and the corresponding insurance company s name that carries the liability insurance for the vehicle.
 - 37. POLICY NO: The insurance policy number.
 - 38. STATUS: The status of the plate. The date the status was applied to the plate also appears.
 - 39. CERT DT: The date the insurance was certified.
 - 40. CERT TYPE: The type of insurance verification furnished.
- B. ADDRESS: This screen displays the current owner s address.

VERIFICATION INQUIRIES
DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
Change # 1-2001 STATE TITLING AND REGISTRATION SYSTEM (STARS) September 1, 2001

VQ01 @069	ADDRESS INQUIRY	01/10/97 15:53:01
CUST ID: 000003067699		KINDC8774ND51683
LARA JOANN XXXXX		1991 HOND ACCORD EX/EX 4S
CUST ID:		
RESIDENCE ADDRESS:		
STREET 1983 UMSTEAD DR		
CITY RALEIGH	STATE NC	ZIP 276260529
COUNTY WAKE		
MAILING ADDRESS:		
STREFT		
CITY	STATE	ZIP
VEHICLE LOCATION:		
STREET		
CITY	STATE	ZIP
COUNTY		
ONE-TIME MAILING ADDRESS: TITLE? REGISTRATION?		
STREET		
CITY	STATE	ZIP
PF1/HELP	PF2/	PF3/RETURN PF4/ PF5/ PF6/
PF7/	PF8/	PF9/PRINT PF10/ PF11/ PF12/MENU

1. VIN: The Primary VIN (serial number) of the vehicle.
2. CUSTOMER ID: The Customer ID of the primary owner.
3. CUSTOMER NAME: The name of the primary owner displays below the Customer ID.
4. CUSTOMER ID: If the vehicle is co-owned, the first co-owner s Customer ID.
5. CUSTOMER NAME: If the vehicle is co-owned, the first co-owner s name.
6. RESIDENCE ADDRESS: The residence of the primary owner.
7. MAILING ADDRESS: The mailing address, if different from the residence address of the primary owner.
8. VEHICLE LOCATION: The site address of the vehicle if different from the customer residence address. The address shown in this field would be where the vehicle is domiciled and where property tax on the vehicle is paid.
9. ONE-TIME MAILING ADDRESS: A one-time mailing address for the title or registration.

VERIFICATION INQUIRIES
DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
Change # 1-2001 STATE TITLING AND REGISTRATION SYSTEM (STARS) September 1, 2001

10. TITLE? REGISTRATION?: If a one-time mailing address exists, the field displays a Y by title or registration to indicate what was mailed to that address. The address and flag remains until another service is performed.
- C. LIEN: This screen displays the current owner s current lien information. The vehicle remains in the lienholder s possession until the vehicle is paid in full. DMV is generally not notified when a lien has been paid and the title is given to the owner. When the lien is recorded on the DMV title record, the lien remains on the system until the vehicle is transferred. If a customer requests that the lien information be removed when they obtain the title, this will be done.

VQ13 @069	LIEN INQUIRY	01/10/97
16:08:40		
	KINDC8774ND51683	
CUST ID 000003067699	1991 HOND ACCORD EX/EX 4S	
LARA JOANN XXXXX		
CUST ID		
TITLE 000001521312650 TRF DT 062095 PRNT DT 062095 OWNERS 1 LIENS 1		
07/18/95 SECU 21545		
PO BOX 27528	LIEN 1 ADDL LH	
N		
	LIENHOLDER ID	
0000011595642		
RALEIGH	NC 276117528 LIEN ACCOUNT	
	LIEN ADDL LH	
	LIENHOLDER ID	
	LIEN ACCOUNT	
	LIEN ADDL LH	
	LIENHOLDER ID	
	LIEN ACCOUNT	
	PAGE 1 OF 1	
PF1/HELP PF2/IMAGE	PF3/RETURN PF4/	PF5/ADDRESS
PF6/OWNERS		
PF7/BACKWARD PF8/FORWARD	PF9/PRINT PF10/	PF11/
PF12/MENU		

1. VIN: The Primary VIN (serial number) of the vehicle.
2. VEHICLE DESCRIPTION: The year, make, model, and body style of the vehicle.
3. CUSTOMER ID: The Customer ID of the primary owner.
4. CUSTOMER NAME: The name of the primary owner displays below the CUSTOMER ID.
5. CUSTOMER ID: If the vehicle is co-owned, the first co-owners Customer ID.
6. CUSTOMER NAME: If the vehicle is co-owned, the first co-owners name displays below the Customer ID.

VERIFICATION INQUIRIES
DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
Change # 1-2001 STATE TITLING AND REGISTRATION SYSTEM (STARS) September 1, 2001

7. TITLE: The title number that was assigned to the record when the record was updated on the system.
8. TRF DT: The date the title was transferred to the current owner.
9. PRNT DT: The date the title was printed.
10. OWNERS: The number of owners of the vehicle.
11. LIENS: The number of liens that have been recorded on the title.
12. LIEN DATE: The date of the lien appears under TITLE. This is the actual date the current owner borrowed money on this vehicle unless the application was not submitted within 20 days from the creation date. If the submission date is greater than 20 days, the lien date is the date the application was received.
13. LIENHOLDER NAME AND ADDRESS: This appears beside the LIEN DATE, and is the name and address of the lienholder.
14. LIEN: The lien number.
15. ADDL LH: If the lienholder s name is too long to appear in the space allotted on this screen, a Y displays. The remainder of the lienholder s name may be viewed by keying an S to the left of the lien you wish to view.
16. LIENHOLDER ID: The ID number of the lienholder.
17. LIEN ACCOUNT: The customer s account number, if provided by the lienholder.

NOTE: If there are more than three liens, press PF8 to view subsequent pages. To view the lien detail screen, key an S to the left of the lien information you wish to view.

- D. CURRENT OWNER/PRIOR PLATE: This screen displays the current owner s prior plates. This screen only lists post conversion plates (plates issued after the implementation of STARS).

VERIFICATION INQUIRIES
DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
STATE TITLING AND REGISTRATION SYSTEM (STARS) September 1, 2001

Change # 1-2001

VQ4 @417 15:51:48	CURRENT OWNER/PRIOR PLATE	01/08/97
CUST ID 000003067699 EX/EX 4S LARA JOANN XXXXX CUST ID	KINDC8774ND51683 1991 HOND ACCORD	
TITLE NO 000001521312650 TRF DT 062095 PRNT DT 062095 OWNERS 1 STATUS CURRENT TITLE, NOT HELD		
PLATE NO KEY4450 TYPE	ISS DT 070896 EXP DT 063097 CERT DT 070896 CERT	
WT FHVUT DT DRAFT N	CAT PRIVATE AUTO	USE PASS
INS. CO. N31 - STATUS ACTIVE LESSEES	NATIONWIDE 07/08/1996 CONTROL #	POLICY #
PLATE NO KEY4450 TYPE	ISS DT 071895 EXP DT 063096 CERT DT 071895 CERT	
WT FHVUT DT DRAFT N	CAT PRIVATE AUTO	USE PASS
INS. CO. N31 - NATIONWIDE STATUS EXPIRED LESSEES	11/28/1996 CONTROL #	POLICY #
PAGE 1 OF 1		
PF1/HELP PF6/OWNERS	PF2/IMAGE PF9/PRINT	PF3/RETURN PF10/
PF7/BACKWARD	PF8/FORWARD	PF5/ADDRESS PF11/

1. VIN: The serial number of the vehicle identified on the External Inquiry Main Menu.
2. VEHICLE DESCRIPTION: The year, make, and body style of the vehicle.
3. CUSTOMER ID: The Customer ID of the primary owner.
4. CUSTOMER NAME: The name of the primary owner displays below the Customer ID.
5. CUSTOMER ID: If the vehicle is co-owned, the first co-owner s Customer ID appears.
6. CUSTOMER NAME: If the vehicle is co-owned, the first co-owner s name appears.
7. TITLE NO: The title number that was assigned to the record when the record was updated on the system.
8. TRF DT: The date the title was transferred to the current owner.
9. PRNT DT: The date the title was printed.

VERIFICATION INQUIRIES
DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
STATE TITLING AND REGISTRATION SYSTEM (STARS) September 1, 2001

Change # 1-2001

10. OWNERS: The number of owners of the vehicle. If there are more than two owners, press PF6 to view the additional owners.
11. STATUS: The status of the title number displayed.
12. PLATE NO: The current owner s most current plate. If the vehicle is leased, it displays the lessee s plate and lists the lessee s name under the plate information.
13. ISS DT: The date the plate was issued.
14. EXP DT: The date the plate will expire.
15. CERT DT: The date the insurance was certified.
16. CERT TYPE: The type of insurance verification furnished.
17. WEIGHT: The license weight of the vehicle declared by the customer.
18. FHVUT DT: The date the IRS Form 2290, if one was submitted, will expire. An IRS Form 2290 is required if the license weight is 55,000 pounds or greater.
19. CAT: The category corresponding with the type of plate issued.
20. USE: The code corresponding with the type of plate issued.
21. DRAFT: If the license fee was paid with a draft, this field displays a Y. Otherwise, it is an N.
22. INS CO: The three-digit code and the corresponding insurance company s name that carries the liability insurance for the vehicle.
23. POLICY #: The insurance policy number.
24. STATUS: The status of the title number displayed.
25. DATE: The date the status was applied to the plate.
26. CONTROL #: The lessee type control number.
27. LESSEES: The number of lessees.
28. LESSEE NAME: The primary lessee and the first co-lessee s names displays, if applicable.
- E. TITLE HISTORY: This screen displays all of the prior titles (owners) of the vehicles. This screen only lists post conversion titles (titles registered after the implementation of STARS.)

VERIFICATION INQUIRIES
DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
Change # 1-2001 STATE TITLING AND REGISTRATION SYSTEM (STARS) September 1, 2001

VQ17 @417	TITLE HISTORY	01/08/97 16:57:56
CMD	KINDC8774ND1683	
	1991 HOND ACCORD EX/EX 4S	
LARA JOANN XXXXX		
TITLE 000001521312650 TRF DT 062095	PRNT DT 062095 OWNERS 1 LEASE N	
STATUS CURRENT TITLE, NOT HELD		
TITLE STATUS	TRF DT	PRNT DT OWNERS LEASE
TITLE STATUS	TRF DT	PRNT DT OWNERS LEASE
SYS0007 - END OF DATA		
PF1/HELP	PF2/IMAGE	PF3/RETURN
PF7/BACKWARD	PF8/FORWARD	PF9/PRINT
PF12/MENU	PF4/	PF5/ PF6/
	PF10/	PF11/

1. VIN: The serial number of the vehicle identified on the Inquiry Main Menu.
2. VEHICLE DESCRIPTION: The year, make, model, and body style of the vehicle.
3. CUSTOMER NAME: Appears after the vehicle description. This is the name of the primary owner and first co-owner.
4. TITLE NO: The title number that was assigned to the record when the record was updated on the system.
5. TRF DT: The date the title was transferred to the displayed owner.
6. PRNT DT: The date the title was printed.
7. OWNERS: The number of owners of the vehicle. If there are more than two owners, the additional owners are not available to non-DOT users.
8. LEASE: A Y appears if there is a lessee attached to the vehicle.
9. STATUS: The status of the title number displayed.

VERIFICATION INQUIRIES
DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
Change # 1-2001 STATE TITLING AND REGISTRATION SYSTEM (STARS) September 1, 2001

F. OTHER SCREENS

1. CUSTOMER VEHICLE STOPS SCREEN

- a. You may inquire on a record that has a stop associated with it. If there is only one stop, a STOP SCREEN displays. The reason for the stop is displayed as an English Text message. The various stops are:

- (1) Insurance Stop
- (2) County Tax Stop
- (3) Stolen Vehicle Stop
- (4) Emission Stop
- (5) Correspondence Stop
- (6) Child Support Stop

- b. If there are multiple stops associated with an individual, the CUSTOMER/VEHICLE STOPS screen displays. You may select the stop record to view by keying an S in the command field to the left of the selection.

2. STOLEN VEHICLES

You may inquire on a vehicle that has been flagged as stolen. If so, the STOLEN/STOPPED VEHICLE screen displays. The ENTRY DT date on the screen indicates the date the vehicle was reported stolen. The ACT DATE reflects the date the vehicle was stolen. The ACTION REASON reflects the place the theft occurred.

307.06 TAX VALUE OPTION

- A. An option to verify the value of the vehicle is available through the VQ36 inquiry. In order to obtain the value of the vehicle, it must be registered in North Carolina. Values for utility trailers are not available through this inquiry. If a value of a vehicle is not available, use information in the tax records or alternative methods listed in each specific program policy manual.
- B. This option replaces the VEH2 inquiry previously available through DMV. The same values that displayed in VEH2 are now displayed through option 08 from the EXTERNAL INQUIRY MAIN MENU. The value represents the highway use tax value of the vehicle and does not exceed the wholesale value of the vehicle. DMV updates this amount in January and July of each year.
- C. Data is required in the following fields in order to complete this inquiry:
- 1. SELECT OPTION: The option 08 is inquiry on the value of the vehicle.
 - 2. VIN NUMBER: The Primary VIN (serial number) of the vehicle. A complete VIN number is required in order to obtain a value.
- D. Press ENTER and the value of the vehicle displays at the bottom of the screen.

VERIFICATION INQUIRIES
DEPARTMENT OF TRANSPORTATION (DOT) INQUIRY
STATE TITLING AND REGISTRATION SYSTEM (STARS) September 1, 2001

Change # 1-2001

VQ36 %100		EXTERNAL INQUIRY MAIN MENU		02/01/00	
11:43:13					
SELECT OPTION 08					
CUSTOMER ID		CITY			
FIRST SUF		MIDDLE		LAST	
TITLE NUMBER		PLATE NUMBER		YEAR	
VIN NUMBER		PLACARD NUMBER			
1XXX23X4XXX56789					
01) GENERAL VEHICLE		06) PLACARD			
02) ADDRESS		07) PLATE HISTORY			
03) LIEN		08) TAX VALUE			
04) CURRENT OWNER/PRIOR PLATE					
05) PRIOR OWNER/PRIOR PLATE					
THE TAX VALUE OF THE VEHICLE IS				11,190.00	
PF1/HELP		PF2/		PF3/RETURN PF4/ PF5/REFRESH PF6/	

307.07 PF KEY FUNCTIONS

- A. PF1: This key provides a help function. To obtain information regarding a particular field, place the cursor on the field in question and press PF1. Press PF3 to exit the help screen.
- B. PF3: This key takes you back to the previous screen.
- C. PF5: This key clears the screen of any keyed information.
- D. PF7: This key allows you to scroll backward if there is more than one page of data, i.e., if you key a name and get two or more screens of individuals from which to choose.
- E. PF8: This key allows you to scroll forward if there is more than one page of data.
- F. PF12: This key cancels the inquiry.

307.08 LOGOFF PROCEDURES

To log off, clear the screen. Key LOGOFF and press ENTER.

Change # 1-2001 AUTHORIZED REPRESENTATIVE (SLAR AND SLAI) September 1, 2001

400.01 GENERAL

An authorized representative is one who can apply for, obtain, and/or use food stamp benefits on behalf of the food stamp unit. An authorized representative subsystem is now available in FSIS to accommodate EBTIS in issuing electronic benefits to authorized representatives.

The authorized representative subsystem consists of two transactions. Transaction **SLAR is used to search, add, or update information** on authorized representatives. Transaction **SLAI is an inquiry function** into the authorized representative subsystem.

400.02. SYSTEM ACCESS AND PROCESSING

A. SLAR

1. Accessing the SLAR Transaction

Log on to SCC1CICS (CICSSCCI for TCPIP sessions). Enter S beside the SLAR item number from the Food Stamp update menu. Press Enter. The following screen appears.

SLA310A	AUTHORIZED REPRESENTATIVE SYSTEM ADD/UPDATE	01/07/98 16:16:38
SELECT AN OPTION: -		
1.	ADD/UPDATE AN AUTHORIZED REPRESENTATIVE	
2.	ADD/UPDATE AN AUTHORIZED REP FOR A DRUG TREATMENT CENTER	
3.	UPDATE AUTHORIZED REPRESENTATIVE FOR FSIS ID: _____	
MESSAGES:		
Press ENTER KEY TO PROCESS		PF3: CANCEL

2. Add/Search For An Authorized Representative

To add a new authorized representative, key 1 at SELECT AN OPTION. Press Enter. The following screen appears.

Change # 1-2001 AUTHORIZED REPRESENTATIVE (SLAR AND SLAI) September 1, 2001

SLA311A	SEARCH DATA BASE FOR AUTHORIZED REPRESENTATIVE										01/07/98
											16:41:46
ADD/UPDATE											
SSN	FIRST-NAME	MI	LAST-NAME	SUF	DOB	S	R				
_____	_____	_____	_____	_____	_____	_____	_____				
FOR SPECIFIC SSN SEARCH: ENTER ONLY THE SSN											
FOR NAME LIST SEARCH: ENTER THE MINIMUM OF FIRST NAME, LAST NAME, AND SEX											
MESSAGES:											
ENTER:PROCESS				PF3: PREV SCREEN				PF12: MAIN MENU			

A search must be performed on the authorized representative by either SSN or name before you can add/update an authorized representative.

a. SSN Search

To perform an SSN search, enter only the SSN as shown below:

SLA311A	SEARCH DATABASE FOR AUTHORIZED REPRESENTATIVE										01/07/98
											16:41:46
ADD/UPDATE											
SSN	FIRST-NAME	MI	LAST-NAME	SUF	DOB	S	R				
<u>123456789</u>	_____	_____	_____	_____	_____	_____	_____				
FOR SPECIFIC SSN SEARCH: ENTER ONLY THE SSN											
FOR NAME LIST SEARCH: ENTER THE MINIMUM OF FIRST NAME, LAST NAME, AND SEX											
MESSAGES:											
ENTER:PROCESS				PF3: PREV SCREEN				PF12: MAIN MENU			

Press Enter. If the SSN is not known to the system, the following screen and Message appears.

SLA311A	RESULTS OF SEARCH FOR AUTHORIZED REPRESENTATIVE										01/07/98
											17:08:37
ADD/UPDATE											
S	FIRST	MI	LAST NAME	SUF	SSN	DOB	SEX	RACE	ADDRI	REP#	
MESSAGES: SLA314-NO MATCH ON SELECTION											
S ENTER: DETAIL PF2:ADD REP PF3:PREV SCR PF7:BKWD PF8:FWD PF12:MAIN											

Change # 1-2001 AUTHORIZED REPRESENTATIVE (SLAR AND SLAI) September 1, 2001

b. Name Search

To complete a name search, the minimum data required is first name, last name, and sex.

SLA311A SEARCH DATABASE FOR AUTHORIZED REPRESENTATIVE						01/07/98	
ADD/UPDATE						16:41:46	
SSN	FIRST-NAME	MI	LAST-NAME	SUF	DOB	S	R
_____	HUMPTY _____	_____	DUMPTY _____	_____	_____	M	_____
FOR SPECIFIC SSN SEARCH: ENTER ONLY THE SSN							
FOR NAME LIST SEARCH: ENTER THE MINIMUM OF FIRST NAME, LAST NAME, AND SEX							
MESSAGES:							
ENTER: PROCESS		PF3: PREV SCREEN			PF12: MAIN MENU		

Press Enter. If the name is not known to the system, the following screen and Message appears.

SLA314A		RESULTS OF SEARCH FOR AUTHORIZED REPRESENTATIVE						01/07/98		
		ADD/UPDATE						17:08:37		
S	FIRST	MI	LAST-NAME	SUF	SSN	DOB	SEX	RACE	ADDRI	REP#
MESSAGES: SLA314-NO MATCH ON SELECTION										
S &ENTER: DETAIL PF2: ADD REP PF3: PREV SCR PF7:BKWD PF8:FWD PF12:MAIN										

3. Adding the New Authorized Representative

Enter the Pf2 key to Add Rep. The following screen appears. (An FSIS case cannot have more than 2 **active** authorized representatives at any time.)

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SLA316A	DETAIL FOR SELECTED AUTHORIZED REPRESENTATIVE			01/08/98
	ADD/UPDATE			11:29:10
AUTH REP #:	SSN:	DELETE STATUS: (Y IF DELETE SCHEDULED)		
FIRST:	MI:	LAST:	SUFF:	
ADDR1:	ADDR2:			
CITY:	STATE:	ZIP:		
PHONE:	SEX:	RACE:	DOB:	
PGM VIOL:	PGM VIOL BEGIN:			
DTC#	DTC NAME	DTC#	DTC NAME	
MESSAGES:				
ENTER TO PROCESS	PF2:ASSIGN REP TO FSIS ID	PF3:PREV SCREEN		
PF5 :SHOW CASES	PF7:BKWD	PF8:FWD	PF12:MAIN MENU	

Enter the following fields.

- a. Auth Rep#: System generated.
- b. SSN: Required
- c. Delete Status: - Leave blank. This field should only be keyed Y when the authorized representative has been entered in error. To erase an entry in this field, you must use the delete key, not the space bar.
- d. First name, MI, Last Name, Suffix: - Required
- e. Addr1: - Required
- f. Addr2: - Optional
- g. City, State, Zip: - Required
- h. Phone: - Required. (If no phone, enter a contact number.)
- i. Sex, Race, DOB: - Required
- j. PGM Viol (Program Violation): - System generated. A Y in this field indicates the individual is disqualified from the Food Stamp Program. A file is read on-line for an initial add of an authorized representative. A file is read nightly whenever any updates/changes are made to an authorized representative.

NOTE: If the DSS Director allows this individual to be the FSU s authorized representative, you must key Y in the Override field.

- k. PGM Viol Begin (Program Violation Begin Date): - System generated.

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l. DTC# (Drug Treatment Center Number): System generated.

m. DTC Name (Drug Treatment Center Name): System generated.

Press Enter. The Message, ***PRESS ENTER TO UPDATE, appears at the bottom of the screen for confirmation, as shown below.

SLA316A	DETAIL FOR SELECTED AUTHORIZED REPRESENTATIVE			01/08/98
	ADD/UPDATE			11:29:10
AUTH REP#: SSN: 123456789 DELETE STATUS: (Y IF DELETE SCHEDULED)				
FIRST: HUMPTY MI: LAST: DUMPTY SUFF:				
ADDR1: 222 FAIRYTALE LANE ADDR2:				
CITY: RALEIGH STATE: NC ZIP: 27603				
PHONE: 919 733 5555 SEX: M RACE: W DOB: 03 11 1946				
PGM VIOL: PGM VIOL BEGIN:				
DTC# DTC NAME DTC# DTC NAME				
MESSAGES: *** PRESS ENTER TO UPDATE				
ENTER TO PROCESS		PF2: ASSIGN REP TO FSIS ID	PF3:PREV SCREEN	
PF5 :SHOW CASES	PF7:BKWD	PF8:FWD	PF12:MAIN MENU	

You **MUST PRESS ENTER AGAIN** to add the authorized representative. A confirmation Message is displayed at the bottom of the screen, *** NEW AUTH REP ADDED.

SLA316A	DETAIL FOR SELECTED AUTHORIZED REPRESENTATIVE			01/08/98
	ADD/UPDATE			11:29:10
AUTH REP#:000022 SSN: 123456789 DELETE STATUS: (Y IF DELETE SCHEDULED)				
FIST: HUMPTY MI: LAST: DUMPTY SUFF:				
ADDR1: 222 FAIRYTALE LANE ADDR2:				
CITY: RALEIGH STATE: NC ZIP: 27603				
PHONE: 919 733 5555 SEX: M RACE: W DOB: 03 11 1946				
PGM VIOL: PGM VIOL BEGIN:				
DTC# DTC NAME DTC# DTC NAME				
MESSAGES: *** NEW AUTH REP ADDED				
ENTER TO PROCESS		PF2: ASSIGN REP TO FSIS ID	PF3:PREV SCREEN	
PF5 :SHOW CASES	PF7:BKWD	PF8:FWD	PF12:MAIN MENU	

NOTE: The Message ACTIVE A/R appears in the upper right corner on the SLIN screen for the FSIS case.

4. Assigning An Authorized Representative To An FSIS Case ID

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On the screen above, press PF2 to assign the authorized representative to an FSIS case ID. The following screen appears.

SLA313A	ADD AUTH REP/ADTC TO CASE ADD ONLY	01/08/98 12:26:55
AUTH REP#:000022 SSN: 123456789 DELETE STATUS: (y IF DELETE SCHEDULED)		
FIRST:	HUMPTY_____MI:_____	LAST: DUMPTY_____SUFF:_____
ADDR1:	222 FAIRYTALE LANE_____	ADDR2:_____
CITY:	RALEIGH_____STATE: NC	ZIP:27603_____
PHONE:	919-733-5555 SEX: M	RACE: W DOB: 03 11 1946
FSIS ID: HOH: COUNTY:		
ACTIVE/INACTIVE STATUS: OVERRIDE: OVERRIDE DATE:		
AUTH TYPE: (APPLIC=A, USAGE= U, BOTH=B)		
PROHIB STATUS: PROHIB NOTICE SENT: PROHIB BEGIN:		
ADD DATE:		
LAST RACF ID:		
MESSAGES:		
ENTER: PROCESS PF3: PREV SCREEN PF12: MAIN MENU		

Enter the following fields:

a. FSIS Case ID

b. Active/Active Status. Enter:

A for active. **Active** status indicates the authorized representative is currently authorized to act on behalf of the FSU.

I for inactive. **Inactive** status indicates the authorized representative is no longer authorized to act on behalf of the FSU.

c. Override: Optional. This field is used if the DSS Director allows an individual who has a program violation to act as the authorized representative.

NOTE: Once all required fields are entered on this screen and the Enter key is pressed, the Disqualified Recipients file is automatically read using the SSN as the key. If a record is found, the Program Violation field will automatically display a Y. If the DSS Director allows this individual to be the FSU s authorized representative, you must key Y in the Override field.

d. Auth Type (Authorization Type): Enter:

(1) A for authorization to make application;

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- (2) U for authorization for using the food stamp benefits; **or**
 - (3) B for authorization to make application **and** for using the food stamp benefits.
- e. Prohib Status (Prohibited Status): Optional. This field identifies individuals prohibited from being the authorized representative for one year due to:
 - (1) Providing false information;
 - (2) Misrepresenting the FSU s circumstances; **or**
 - (3) Improperly using the food stamp benefits.

The valid entries for this field are Y or space. If a Y is keyed in this field, the ACTIVE/INACTIVE STATUS field must be changed to an I.

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Press Enter. The Message, 313-PRESS ENTER TO UPDATE, appears at the bottom of the screen for confirmation. You **MUST PRESS ENTER AGAIN**. The following screen and Message appears.

SLA313A	ADD AUTH REP/ADTC TO CASE ADD ONLY	01/08/98 12:26:55
AUTH REP#: 000031 SSN: 111111111 DELETE STATUS:_(Y IF DELETE SCHEDULED)		
FIRST:	RAIN_____MI:_____	LAST: MAKER_____SUFF: _____
ADDR1:	695 PALMER DRIVE_____	ADDR2:_____
CITY:	RALEIGH_____	STATE: NC ZIP:27603-_____
PHONE:	919-733-8931 SEX: M RACE: W DOB:08 07 1959	
PGM VIOL:	PGM VIOL BEGIN:	
FSIS ID: 123456789	HOH: Jane Doe	COUNTY: 92
ACTIVE/INACTIVE STATUS: A	OVERRIDE:	OVERRIDE DATE:
AUTH TYPE: B	(APPLIC=A, USAGE=U, BOTH=B	
PROHIB STATUS:	PROHIB NOTICE SENT:	PROHIB BEGIN:
ADD DATE: 01 08 1998		
LAST RACF ID: TS36PXX		
MESSAGES: 313-ADD SUCCESSFUL		
ENTER: PROCESS	PF3: PREV SCREEN	PF12;MAIN MENU

Press PF3 to return to the previous screen to assign other FSIS cases to this authorized representative, or PF12 to the Main Menu.

5. Add/Update Authorized Representative For a Drug Treatment Center

Key '2' in the SELECT AN OPTION field. Press Enter.

The following screen appears.

SLA312A	SEARCH DATABASE FOR DRUG CENTER ADD/UPDATE	01/15/98 11:08:10
DRUG CENTER NAME _____		
MESSAGES		
ENTER:PROCESS	PF3: PREV SCREEN	PF12:MAIN MENU

Key the drug center name. Press Enter. The following screen is displayed if the drug treatment center is not known in the SLAR subsystem.

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SLA315A	RESULTS OF SEARCH FOR DRUG TREATMENT CENTER					01/16/98
	ADD/UPDATE					10:28:16
S	DTC #	DTC NAME PHONE	ADDRESS CITY	ST	ZIP	
MESSAGES: SLA315-NO MATCH FOUND S & ENTER: DETAIL PF2: ADD ADTC PF3:PREV SCR PF7:BKWD PF8: FWD PF12:MAIN						

Press PF2 to add the drug treatment center to the system. The following screen appears.

SLA317A	DETAILS FOR SELECTED DRUG TREATMENT CENTER					01/16/98
	ADD/UPDATE					10:38:34
ADTC#:	DELETE STATUS: (Y IF DELETE SCHEDULED)					
ADTC NAME:						
ADDR1:			ADDR2:			
CITY	STATE:		ZIP:			
PHONE:	COUNTY:					
AUTH REP#:	SSN:					
FIRST:	MI:	LAST:			SUFF	
PGM VIOL:	PGM VIOL BEGIN:					
ADD DATE:	UPDT DATE:		LAST RACF ID:			
MESSAGES: ENTER: PROCESS PF2: ASSIGN NEW CASE PF3:PREV SCREEN PF4:AUTH REP MAINT PF5:SHOW CASES PF12:MAIN MENU						

Enter the following fields.

- a. ADTC#: System generated.
- b. Delete Status: Leave blank. This field should only be keyed Y when the ADTC has been entered in error. To erase an entry in this field, you must use the delete key, not the space bar.
- c. ADTC Name: Required.
- d. ADDR1: Required.
- e. ADDR2: Optional.
- f. City, State, Zip: Required.
- g. Phone: Required. (If no phone, enter a contact number.)

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h. County: Required two-digit county number.

Press Enter. The following screen is displayed with message at the bottom of the screen, 317-ADD SUCCESSFUL.

SLA317A	DETAILS FOR SELECTED DRUG TREATMENT CENTER		01/16/98
	ADD/UPDATE		10:38:34
ADTC#: 003		DELETE STATUS: (Y IF DELETE SCHEDULED)	
ADTC NAME: CHARTER RIDGE HOSPITAL			
ADDR1: ANDERSON HALL, ROOM 247		ADDR2:	
CITY: RALEIGH		STATE: NC ZIP: 27603	
PHONE: 919 733 2222		COUNTY: 92	
AUTH REP#:		SSN:	
FIRST:	MI:	LAST:	SUFF:
PGM VIOL:		PGM VIOL BEGIN:	
ADD DATE: 01 16 1998		UPDT DATE:	LAST RACF ID: TS36PXX
MESSAGES: 317-ADD SUCCESSFUL			
ENTER: PROCESS PF2: ASSIGN NEW CASE PF3:PREV SCREEN PF4:AUTH REP MAINT			
PF5:SHOW CASES PF12:MAIN MENU			

6. Add/Assign An Authorized Representative For a Drug Treatment Center

NOTE: We recommend that only one person in each county be authorized to add drug treatment centers to the SLAR table using the following instructions. We further recommend that this individual provide county workers with a listing of the ADTC s for their county. This prevents multiple names for the same ADTC.

To assign an authorized representative to the ADTC, press PF4 from the above screen. Screen SLA311A, SEARCH DATABASE FOR AUTHORIZED REPRESENTATIVE ADD/UPDATE, is displayed. Remember, a search must be performed on the authorized representative by either SSN or name before you can add/update an authorized representative to an ADTC.

Once the authorized representative has been added, the system displays Message, ***NEW AUTH REP ADDED. To assign the authorized representative to the ADTC, press PF2. The following screen is displayed once PF2 has been pressed.

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SLA317A	DETAILS FOR SELECTED DRUG TREATMENT CENTER	01/15/98
	ADD/UPDATE	11:24:57
ADTC#:0003 DELETE STATUS: (Y IF DELETE SCHEDULED)		
ADTC NAME: CHARTER RIDGE HOSPITAL		
ADDR1: ANDERSON HALL ROOM 247		ADDR2:
CITY: RALEIGH STATE: NC ZIP: 27603		
PHONE: 919 733 2222		COUNTY: 92
AUTH REP#:	000050	SSN: 636363636
FIIRST: KAYE	MI: C	LAST: FEELS SUFF:
PGM VIOL:		PGM VIOL BEGIN:
ADD DATE: 01 15 1998		UPDT DATE: 01 27 1998 LAST RACF ID:TS36PXX
MESSAGES: 317-UPDATE SUCCESSFUL		
ENTER:PROCESS PF2: ASSIGN NEW CASE PF3:PREV SCREEN PF4:AUTH REP MAINT		
PF5:SHOW CASES PF12:MAIN MENU		

To assign cases to this drug treatment center and authorized representative, press PF2.
The following screen appears.

SLA313A	ADD AUTH REP/ADTC TO CASE	01/27/98
	ADD ONLY	11:02:12
ADTC#: 0003 DELETE STATUS: (Y IF DELETE SCHEDULED)		
ADTC NAME: CHARTER RIDGE HOSPITAL		
AUTH REP#: 000050 SSN: 875875875 DELETE STATUS: (Y IF DELETE SCHEDULED)		
FIRST: MICHAEL	MI:	LAST: JORDAN SUFF:
ADDR1: ANDERSON HALL ROOM 247		ADDR2:
CITY: RALEIGH		STATE: NC ZIP: 27603
PHONE: 919-733-2222		SEX: M RACE: B DOB: 05 01 1958
PGM VIOL:		PGM VIOL BEGIN:
FSIS ID: HOH:		COUNTY:
ACTIVE/INCTIVE STATUS:		OVERRIDE: OVERRIDE DATE:
AUTH TYPE: PROHIB NOTICE SENT:		PROHIB BEGIN:
ADD DATE:		
LAST RACF ID:		
MESSAGES:		
ENTER: PROCESS PF3: PREV SCREEN PF12: MAIN MENU		

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Update this screen following the instructions in B. 4. Press Enter. The Message, 313-PRESS ENTER TO UPDATE, appears at the bottom of the screen for confirmation, as shown below.

SLA313A	ADD AUTH REP/ADTC TO CASE ADD ONLY	01/27/98 11:06:43
ADTC#: 0003 DELETE STATUS: (Y IF DELETE SCHEDULED)		
ADTC NAME: CHARTER RIDGE HOSPITAL		
AUTH REP#: 000050 SSN: 875875875 DELETE STATUS: (Y IF DELETE SCHEDULED)		
FIRST: MICHAEL	MI:	LAST: JORDAN SUFF:
ADDR1: ANDERSON HALL ROOM 247		ADDR2:
CITY: RALEIGH	STATE: NC	ZIP: 27603
PHONE: 919-733-2222	SEX: M	RACE: B DOB: 05 01 1958
PGM VIOL:	PGM VIOL BEGIN:	
FSIS ID: 222222222 HOH: MARIKA LOCKLEAR COUNTY: 78		
ACTIVE/INACTIVE STATUS: A OVERRIDE: OVERRIDE DATE:		
AUTH TYPE: B (APPLIC=A, USAGE=U, BOTH =B		
PROHIB STATUS::		PROHIB NOTICE SENT: PROHIB BEGIN:
ADD DATE:		
LAST RACF ID:		
MESSAGES: 313-PRESS ENTER TO UPDATE		
ENTER: PROCESS PF3: PREV SCREEN PF12: MAIN MENU		

You must **PRESS ENTER AGAIN** to add the FSIS case to the drug treatment center and authorized representative. A confirmation Message is displayed at the bottom of the screen, 313-ADD SUCCESSFUL.

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SLA313A	ADD AUTH REP/ADTC TO CASE ADD ONLY	01/27/98 11:06:43
ADTC#: 0003 DELETE STATUS: (Y IF DELETE SCHEDULED)		
ADTC NAME: CHARTER RIDGE HOSPITAL		
AUTH REP#: 000050 SSN: 875875875 DELETE STATUS: (Y IF DELETE SCHEDULED)		
FIRST: MICHAEL	MI: LAST: JORDAN	SUFF:
ADDR1: ANDERSON HALL ROOM 247 ADDR2:		
CITY: RALEIGH STATE: NC ZIP: 27603		
PHONE: 919-733-2222 SEX: M RACE: B DOB:		
PGM VIOL: PGM VIOL BEGIN:		
FSIS ID: 222222222 HOH: MARIKA LOCKLEAR		COUNTY: 78
ACTIVE/INACTIVE STATUS: A OVERRIDE: OVERRIDE DATE:		
AUTH TYPE: B (APPLIC = A, USAGE = U, BOTH = B)		
PROHIB STATUS: PORHIB NOTICE SENT:		PROHIB BEGIN:
ADD DATE: 01 27 1998		
LAST RACF ID: TS36XXX		
MESSAGES: 313-ADD SUCCESSFUL		
ENTER: PROCESS PF3: PREV SCREEN PF12: MAIN MENU		

NOTE: The SLII screen displays a 'Y' in the ADTC field. To view the tri-monthly issuances, enter an 'S' and press Enter.

7. Updating An Authorized Representative

You must use the SLAR transaction to make changes to an authorized representative s information.

There are certain fields that you cannot key. These fields are protected. In most instances, the cursor skips these fields.

The system displays messages and function keys at the bottom of the screen. Read these carefully before proceeding to the next screen.

To make changes, key 1 in the SELECT AN OPTION field.

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Press Enter. The following screen appears:

SLA311A SEARCH DATABASE FOR AUTHORIZED REPRESENTATIVE							01/07/98
ADD/UPDATE							16:41:46
SSN	FIRST-NAME	MI	LAST-NAME	SUF	DOB	S	R
123456789	_____	___	_____	___	_____	___	___
FOR SPECIFIC SSN SEARCH: ENTER ONLY THE SSN							
FOR NAME LIST SEARCH: ENTER THE MINIMUM OF FIRST NAME, LAST NAME, AND SEX							
MESSAGES:							
ENTER: PROCESS		PF3: PREV SCREEN			PF12: MAIN MENU		

You must key the authorized representative s SSN or First Name, Last Name, and Sex code. Press Enter.

The following screen appears.

SLA314A RESULTS OF SEARCH FOR AUTHORIZED REPRESENTATIVE									01/07/98	
ADD/UPDATE									17:08:37	
S	FIRST	MI	LAST NAME	SUF	SSN	DOB	SEX	RACE	ADDR1	REP#
	SILVER		METAL		123456789	09071952	F	W	ANDERSON HALL	000011
MESSAGES:										
S & ENTER: DETAIL PF2: ADD REP PF3: PREV SCR PF7: BKWD PF8: FWD PF12: MAIN										

You must key 'S' under the SEARCH FUNCTION field. Press Enter.

You may only key changes to the following fields.

- Name
- Address
- Telephone Number
- Sex
- Race
- Date of Birth

Key the data you wish to change.

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Press Enter to update. The following screen is displayed with the message at the bottom of the screen, ***AUTH REP UPDATED.

SLA316A DETAIL FOR SELECTED AUTHORIZED REPRESENTATIVE		01/08/98
ADD/UPDATE		11:29:10
AUTH REP#: 000011	SSN: 123456789	DELETE STATUS: (Y IF DELETE SCHEDULED)
FIRST: GOLD	MI:	LAST: METAL SUFF:
ADDR1: 252 OLYMPIC DR	ADDR2:	
CITY: RALEIGH	STATE: NC	ZIP: 27603
PHONE: 919 733 2100	SEX: F	RACE: W DOB: 09 07 1952
PGM VIOL:	PGM VIOL BEGIN:	
DTC#	DTC NAME	DTC# DTC NAME
MESSAGES: ***AUTH REP UPDATED		
ENTER TO PROCESS	PF2: ASSIGN REP TO FSIS ID	PF3:PREV SCREEN
PF5 :SHOW CASES	PF7:BKWD	PF8:FWD PF12:MAIN MENU

8. Updating An Authorized Representative For a Drug Treatment Center

Updating an authorized representative for a drug treatment center uses the same procedures as those used for updating an authorized representative. Key **2'** in the SELECT AN OPTION field. Press Enter.

Key The data you wish to change.

Press Enter to update. The screens are different.

The system displays the message at bottom of the screen, *** AUTH REP UPDATED.

9. Updating Authorized Representative For FSIS ID

Key **3'** in the SELECT AN OPTION field and the FSIS CASE ID. Press Enter.

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The following screen appears.

SLA313A	UPDATE AUTH REP/ADTC UPDATE	01/08/98 12:26:55
AUTH REP#:000011 SSN: 123456789 DELETE STATUS:_(Y IF DELETE SCHEDULED		
FIRST: GOLD_____MI:_____ LAST: METAL_____ SUFF:_____		
ADDR1: 252 OLYMPIC DR_____ ADDR2:_____		
CITY: RALEIGH_____ STATE: NC ZIP:27603_____		
PHONE: 919 733 2100 SEX: F RACE: W DOB:09 07 1952		
PGM VIOL: PGM VIOL BEGIN:		
FSIS ID: 123456789 HOH: JOHN M. DOE COUNTY: 92		
ACTIVE/INACTIVE STATUS: A OVERRIDE: OVERRIDE DATE:		
AUTH TYPE: U (APPLIC = A, USAGE=U, BOTH=B)		
PROHIB STATUS: PROHIB NOTICE SENT: PROHIB BEGIN:		
ADD DATE: 12 23 1997 UPDT DATE: 01 08 1998 INACT DATE:		
LAST RACF ID: TS36PXX		
MESSAGES:		
ENTER: PROCESS PF3: PREV SCREEN PF7: BKWD PF8:FWD PF12: MAIN MENU		

You may only update the following fields.

- a. ACTIVE/INACTIVE STATUS
- b. AUTH TYPE
- c. PROHIB STATUS

Key the data you wish to change. Press Enter to update.

The system displays the message at the bottom of screen, 313-UPDATE SUCCESSFUL.

B. SLAI (INQUIRY ONLY)

1. Purpose Of The SLAI Transaction

The SLAI inquiry transaction allows you to view the current information for an authorized representative, an authorized representative for a drug treatment center, or an authorized representative for a specific food stamp case (using the FSIS case ID).

2. Accessing The SLAI Transaction

Log onto SCC1CICS (CICSSCC1 for TCIP sessions). From the Food Stamp Inquiry Menu, key an **S'** beside item number.

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Press Enter. The following screen appears.

SLA310A	AUTHORIZED REPRESENTATIVE SYSTEM INQUIRY	01/07/98 16:16:38
SELECT AN OPTION: _		
1. INQUIRY ON AN AUTHORIZED REPRESENTATIVE		
2. INQUIRY ON AN AUTHORIZED REP FOR A DRUG TREATMENT CENTER		
3. INQUIRY AUTHORIZED REPRESENTATIVE FOR FSIS ID: _____		
MESSAGES:		
PRESS ENTER KEY TO PROCESS		PF3: CANCEL

Key **1**, **'2'** or **'3'** in the SELECT AN OPTION field as appropriate. If **3** is entered, enter the FSIS case ID. Press Enter.

The requested screen displays the most current information for the authorized representative based on the option you selected.

NOTE: The system displays messages and function keys at the bottom of the screen. Read these carefully before proceeding to the next screen.

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C. MANAGEMENT REPORTS IN NCXPTR

The following reports are available in X/PTR. Follow current procedures in accessing these reports.

REPORT NUMBER	RMDS NAME	DESCRIPTION	FREQUENCY
SLA868EP-01	DHRSLA SLA868-01-68 FSIS ID ASSGN	FSIS cases assigned to authorized rep	DAILY
SLA868EP-02	SLA868-02-71 CASE IN ADTC	FSIS cases assigned to ADTC	DAILY
SLA869EP-01	DHRSLA SLA869-01-69 REPS OFF PRO	Authorized reps coming off prohibited status	WEEKLY EVERY MONDAY
SLA870-01	DHRSLA SLA870-01-80 FSIS IN/OUT	FSIS cases entering or leaving a drug treatment center today	DAILY
SLA871EP-01	DHRSLA SLA871-01-81 REPS PGM CHG	Reps whose program violation status has changed	WEEKLY EVERY MONDAY
SLA872EP-01	DHRSLA SLA872-01-83 REC ADD PEN	Records added to the Pending file	DAILY/MONTHLY
SLA874EP-01	DHRSLA SLA874-01-84 PENDING ISS	Pending Issuances report	SAME
SLA875EP-01	DHRSLA SLA875-01-85 PENDING DISB	Pending disbursements report for ADTC s	SAME
SLA876EP-01	DHRSLA SLA876-01-86 PEN REC CAN	Pending Records Canceled	SAME
SLA877EP-01	DHRSLA SLA877-01-87 REC NO MAT	Cancellation Records not matched	SAME
SLA878EP-01	DHRSLA-SLA878-01-88 DUP STMP RE	Duplicate stamp records report	SAME
SLA415EP-01	DHRSLA-SLA415EP AUTH REP/FS CASE	Active Food Stamp Cases with Auth Rep(s).	MONTHLY

D. LOGOFF PROCEDURES

1. From a clear screen, key **LOGOFF.**
2. Press Enter.

Change # 1-2001 **FSIS TRANSACTIONS** **TRANSACTION CODE, FUNCTION, AND PROCESS** **September 1, 2001**

501.01 GENERAL

A Transaction Code is used to accomplish a specific function/action. With each function or transaction, system edits are in place based on policy requirements for that function/action. All required entries must be completed or FSIS does not allow the action to process. When all required entries have been completed and no errors, a prompt is received to either press the PF2 key to process the transaction, press the PF4 key to place the transaction in hold status (you may not place a TC1 in hold status), or to press the PF3 key to end the transaction. The prompt displays as: 'PRESS PF2 TO PROCESS, PRESS PF4 TO PUT FORM ON HOLD. PRESS PF3 TO CANCEL & EXIT'. Once the prompt has been received, no changes may be made to the transaction and the fields are protected.

When a transaction is keyed on a weekend or holiday, the benefits, notices, etc. that are created in the normal nightly update are not updated until the next work night. For example, a TC2 (approval) is keyed on Saturday. The online data is updated; and the transaction effective date is displayed with the next work day date, however, the benefit, EBT transaction to Citibank, notice, reports, etc. are not produced until the next work night.

A Transaction Code 1 (TC1) must be used to register an application for a case that has no record in the system. Once the application is registered, Transaction Code 2 (TC2) is used to certify (approve) the case. Transaction Code 5 (TC5) is used to manually deny the case. Following a TC2, other Transaction Codes are used for various functions/actions.

A Transaction Chart below describes the fields that are required, allowed or not allowed for each transaction. A required entry is indicated with an R . An allowed entry is indicated with an A , and an entry that is not allowed is indicated with a - .

501.02 TRANSACTION AND FIELD CHART

This chart outlines the required (R), allowed (A), and not allowed (-) FSIS fields for each transaction code.

Field	Field Name	Transaction Code							
		1	2	3	5	6	7	8	9
3	Co/Geo	R	-	A	-	-	-	-	-
4	Co/Admin	R	A	A	A	A	A	A	-
5	Expedite	-	R	-	R	A	-	A	-
6	Trans CD	R	R	R	R	R	R	R	R
7	Action Code	-	-	R	R	A	R	-	-
8	App Date	R	-	R	-	R	-	A*	-
10	Cert From	-	R	-	-	R	-	-	-
11	Cert Thru	-	R	-	-	R	-	A	-
12	Sex/Race	-	R	-	A	A	A	A	-
13	MRRB Status	-	R	-	-	A	A	A	-
14	Start Issue	-	R	-	-	R	-	A	-
15	HH Type	R	-	A	A	-	-	-	-
16	Type Issue	-	R	-	-	A	-	A	-
18	Caseload #	-	A	-	A	A	A	A	-

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Field	Field Name	Transaction Code							
		1	2	3	5	6	7	8	9
19	Worker #	R	A	A	A	A	A	A	-
20	Temp Wkr #	A	A	A	A	A	A	A	A
23	AFDC Case #	-	A	-	A	A	A	A	-
25	AFDC Case #	-	A	-	A	A	A	A	-
27	AFDC Case #	-	A	-	A	A	A	A	-
29	FS Co Case #	R	A	A	A	A	A	A	-
30	Vul Type	-	R	-	-	A	-	A	-
31	E/T AA	-	-	-	-	-	A	-	-
32	No. In Home	R	A	A	A	A	-	A	-
33	Address 1	R	A	A	A	A	A	A	-
34	Address 2	A	A	A	A	A	A	A	-
35	City/State	R	A	A	A	A	A	A	-
36	Zip Code	R	A	A	A	A	A	A	-
37	# Req MBR	R	A	A	-	A	-	A	-
39	Reserve	-	A	-	A	A	A	A	-
39B	Reg Delay	--	A	-	-	-	-	A	-
39C	Proj Code	-	A	-	A	A	A	A	-
40	No Prorate	-	A	-	-	A	A	A	-
41	Rent	-	A	-	-	A	A	A	-
42	Taxes	-	A	-	-	A	A	A	-
43	Insurance	-	A	-	-	A	A	A	-
44	Utilities	-	A	-	-	A	A	A	-
45	Utility Type	-	R	-	-	A	A	A	-
46	Other Expense	-	A	-	-	A	A	A	-
56	Medical	-	A	-	-	A	A	A	-
60	Claim Ind	-	-	-	-	-	-	-	-
63	Retro Adjust	-	-	-	-	-	-	-	A
64	Rsn Code	-	-	-	-	-	-	-	A
65	Claim Coll	-	-	-	-	-	-	-	-
73	Rev/Chg 1	-	A	-	-	A	A	A	-
74	Rev/Chg Cde 1	-	A	-	-	A	A	A	-
75	Rev/Chg 2	-	A	-	-	A	A	A	-
76	Rev/Chg Cde 2	-	A	-	-	A	A	A	-
78	Prev Case #	A	-	A	-	-	-	-	-
79	Adv Act Guard	-	-	-	-	A	-	A	-
80A	Member #	R	A	A	-	A	-	A	-
80D	Med Exp	-	A	-	A	A	A	A	-
80E	Work Reg	-	R	-	A	A	A	A	-
80F	E. Inc & Type	-	A	-	-	A	A	A	-
80G	PA/SSI & Type	-	A	-	-	A	A	A	-
80H	Social Security	-	A	-	-	A	A	A	-
80I	ASI	-	A	-	A	A	A	A	-
80J	Othr Inc & Type	-	A	-	-	A	A	A	-
80K	Dep Relationship	-	R	-	A	A	A	A	-
80L	Ind ID Number	R	A	A	-	A	-	A	-

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**For categorically eligible households suspended with action code 47 only.

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TRANSACTION CODE 1 (TC1)

501.03 GENERAL

Transaction Code 1 is used to register an initial application through the SLUP/SLUO screen. Prior to entry of the application, a name search/individual ID number assignment must be completed for each individual that is to be part of the food stamp case.

An FSIS case ID number and a check digit are system assigned once the transaction has processed and is displayed on the SLMU menu. A DSS-8590 is printed with the information keyed and includes the system assigned FSIS case ID number and check digit.

501.04 PROCESS

From the SLMU menu, key SLUP/SLUO for Transaction ID, and Transaction Code 1. Press ENTER. The SLUP/SLUO screen is displayed. The following fields are required.

<u>Field</u>	<u>Field Name</u>
3	Geographic
4	Administrative County Code
6	Transaction Code (Brought forward from the SLMU menu)
8	Application Date (If date is more than 2 months prior to current date a warning message is displayed.)
15	Household Type
19	Worker Number
29	Food Stamp County Case Number
32	TOT HH (No. In Home-Total number of people in the household)
33	Address Line 1
35 36	City, State, Zip Code
37	# Req MBR (Number of Required Members Total number of people to be part of the food stamp case.)
80L	Individual ID Number

501.05 OTHER

You may complete a TC1 and an approval, Transaction Code 2 (TC2), or a denial, Transaction Code 5 (TC5) on the same day. You may complete a TC1, TC2, and a change, Transaction Code 8 (TC8) on the same day. You may not place a TC1 in hold status.

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TRANSACTION CODE 2 (TC2)

501.06 GENERAL

Transaction Code 2 is used to approve an initial application or a reapplication (reopen of a closed/denied case) through the SLUP/SLUO screen. FSIS determines eligibility and benefit levels based on the individuals, income and deduction information that has been keyed.

The initial month s benefits are automatically prorated when the application month and the start issuance month are the same. The full benefit is shown in the allotment field. Benefits are not prorated when there is an entry of N in the proration field of the SLUP/SLUO screen. A Notice of Action is created and sent to the client and includes the prorated allotment amount and the monthly allotment amount. The Daily Issuance Report is created and displays the daily issuance and displays the list of cases sent notices of eligibility.

501.07 PROCESS

From the SLMU menu, key SLUP/SLUO for Transaction ID, the FSIS Case ID, the Check Digit, and Transaction Code 2. Press ENTER. The SLUP/SLUO screen is displayed. The following fields are required.

<u>Field</u>	<u>Field Name</u>
5	Emergency Service Code
6	Transaction Code 2 (Brought forward from the SLMU menu)
10	Certification From Date (MMYY)
11	Certification Thru Date, can be 1 to 12 months from Cert From Date (MMYY)
12	Sex/Race Code
13	MRRB Status Code
14	Start Issuance Date (Date can be the previous month, current month, or the next month)
16	Type Issuance Code (Code 3, 9, or 8)
30	Vuln/Type Code (Vulnerability Status/Fuel Type)
45	Utility Type
80K	Dependent Relationship Code
80L	Individual ID number if additional individuals are to be part of the case
80	Other Individual Information, excluding demographic data of an individual

501.08 OTHER

1. Eligible Case
 - a. If the case is determined eligible, the DSS-8590 indicates Case Has Been Certified, Case Record Update Successful.
 - b. When the case is approved in the month following the month of application and the start issuance month is the month of application, FSIS generates two issuances (the month of application and the current month). The allotment for the month of application is automatically prorated (unless the proration indicator is N), with the second month adjusted to the regular amount.

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c. A Notice of Action is created.

2. Incorrect Allotment

If incorrect entries result in an incorrect allotment, use transaction code 8 to make corrections. Complete this the same day or an incorrect allotment is generated that night and the Notice of Action displays the incorrect allotment amount.

3. Ineligible Case

- a. If the case is determined ineligible, the DSS-8590 indicates Case Suspended, Income Exceeds Maximum (message varies based on suspense code), verify entries and correct or close case. Case Record Update Successful .
- b. If you determine that the entries are correct and the client is ineligible, close the case using transaction code 7 and the appropriate action code. If the entries are incorrect and the case is not ineligible, make the corrections using transaction code 8.

Always close an ineligible case, do not leave in suspended status (except for cases suspended with action code 47). Close the case. FSIS sends a denial notice. If the case is left in suspense status, FSIS automatically closes the case one month past the certification thru date. The closure displays as TC7 and the action code of 25 or 48.

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TRANSACTION CODE 3 (TC3)

501.09 GENERAL

Transaction Code 3 allows reopening of a case that contains case history (closed or denied food stamp case). Use action code 31 to reopen denied applications or reapplications against a closed case. Use action code 35 to reinstate households who appeal and are found to have had good cause for not appealing during the advance notice period. If a case must be reopened because it was erroneously closed, use action code 35. Use action code 50 to indicate a reopened recertification. A TC3 is not accepted if there is an issuance entry from the DSS-8593 (SLSE screen) prior to entry of the TC3.

Using action code 31 triggers the clock for appropriate action time. When the TC3 is used with action code 31, the DSS-8590 displays a TC12 with action code 00. Action codes 35 and 50 continue to be displayed.

501.10 PROCESS

From the SLMU menu, key SLUP/SLUO for Transaction ID, the FSIS Case ID number, the Check Digit, and Transaction Code 3. Press ENTER. The SLUP/SLUO screen is displayed. The following fields are required.

<u>Field</u>	<u>Field Name</u>
6	Transaction Code 3 (Brought forward from the SLMU menu)
7	Action Code (Code 31, 35, or 50)
8	New Application Date or existing application date if applicable

NOTE: Any item necessary for a transaction code 1 may be changed at this time.

Some previous case information is saved, but some information and coding are changed to zero. The fields that are changed to zero are 5, 7, 10, 11, 13, 14, 38, 38A, 39, 41-59, 61-72, 77, and 80F through 80J. Fields 31, 39A, and 40 are blanked out.

A DSS-8590 is created. When a TC3 with Action Code 31, the turnaround displays a TC1 with Action Code 00. When a TC3 with Action Code 35 or 50, the turnaround displays a TC1 with Action Code 35 or 50.

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TRANSACTION CODE 5 (TC5)

501.11 GENERAL

Transaction Code 5 is used to manually deny an application through the SLUP/SLUO before any income and deduction information has been entered.

501.12 PROCESS

From the SLMU menu, key SLUP/SLUO for Transaction ID, the FSIS Case ID, the Check Digit, and Transaction Code 5. Press ENTER. The SLUP/SLUO screen is displayed. The following fields are required.

<u>Field</u>	<u>Field Name</u>
5	Emergency Service
6	Transaction Code 5 (Brought forward from the SLMU menu)
7	Action Code (2 digit Denial Code)

501.13 OTHER

A DSS-8590 turnaround is created and a notice of action is also created advising the client of the denial.

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TRANSACTION CODE 6 (TC6)

501.14 GENERAL

Transaction Code 6 is used to:

1. Extend the through date on an open case at redetermination.
2. Enter any changed case data, to recompute eligibility and benefit level for the new certification period.
3. Close a case on any factor at redetermination.
4. Extend the through date on an open case for reasons other than a redetermination.

Do not enter redeterminations (recertifications) until the last month of the old certification period. See Adverse Action Guard below. Also, a redetermination is not accepted by FSIS any earlier than the month prior to the last month of certification.

A TC6 requires that a new start issue date be entered. If the application month and the new start issue month are the same month, the allotment is prorated for that month unless code N is entered in the No Prorate field (field 40).

501.15 PROCESS

From the SLMU menu, key SLUP for Transaction ID, the FSIS Case ID, the Check Digit, and Transaction Code 6. Press ENTER. The SLUP screen is displayed. The following fields are required.

<u>Field</u>	<u>Field Name</u>
6	Transaction Code 6 (Brought forward from the SLMU menu)
8	Application Date (If date is more than 2 months prior to current month a warning message is displayed)
10	Cert From Date (MMYY)
11	Cert Thru Date (MMYY)
14	Start Issue Date (MMYY)

Note: If a change of address is entered with your recertification, you must enter the Vulnerability/Type Code (Vulnerability Status/Fuel Type), Rent/Mortgage, Real Estate Tax, Household Insurance, Utility Type Code, and Other Expense, even if the amounts are the same.

To deny a redetermination with a Transaction Code 6 the following fields are required:

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	<u>Field</u> <u>Field Name</u>
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- | | |
|---|--|
| 6 | Transaction Code 6 (Brought forward from the SLMU menu, also Code 6 is changed by the system to be Transaction Code 7) |
| 7 | Action Code (Closure Code) |
| 8 | Application Date (When Applicable) |

501.16 OTHER

1. A DSS-8590 and Notice of Action are created.
2. Increased or Decreased Benefits

If the household is determined to be eligible for increased or decreased benefits, FSIS takes the action and updates the case record. If corrections are needed, complete a Transaction Code 8.

3. Determination of Ineligibility

If the case is determined ineligible, the case is suspended and the turnaround DSS-8590 is displayed with a message of suspended status. If the caseworker determines that the entries are correct and the case is ineligible, close the case using Transaction Code 6 and the appropriate closure code. The closure is shown as a Transaction Code 7 on the turnaround DSS-8590. Always close ineligible cases; do not leave in suspended status. The case must be closed so that the system can send the denial notice. If the case is left in suspended status, FSIS automatically closes the case the month following the certification thru date. The closure is displayed as a Transaction Code 7, but the closure code does not change.

If the caseworker determines that the entries are incorrect and the case is eligible, make the necessary corrections using Transaction Code 6.

4. Adverse Action Guard

Reduction of benefits or a determination of ineligibility at recertification are not considered adverse actions. The Adverse Action Guard is not edited with a Transaction Code 6 if the Transaction Date is the last month of the certification period. The Adverse Action Guard is edited if the Transaction Date is prior to the last month of the certification period. Any case changes entered prior to the last month of the certification period reflects in the benefit issuance for the last month of the certification period. In this case, the system does not take the action but generates a DSS-8590 turnaround coded Z in the Adverse Action Guard field (field 79) and a message: No Update action taken. Advance notice required . This is also displayed on the SLMU menu screen.

To override the Adverse Action Guard key an A in the adverse action guard field.

5. 30 Day Suspense and Proration

If a case has not been recertified at the end of the certification period, FSIS automatically suspends the case for the month following the last month of certification. During this

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suspense period, the case can still be recertified using Transaction Code 6. After the suspense month, a Transaction Code 3 must be used to reopen the case. If the date of application is within the suspense month, benefits for this month are automatically prorated if you enter the start issuance month the same as the application month. To prevent proration, you must enter an N in the No Prorate field (field 40).

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TRANSACTION CODE 7 (TC7)

501.17 GENERAL

Transaction Code 7 is used to close a case during the certification period or close a case suspended by FSIS. Use Transaction Code 7 for any reason a case is ineligible. An Action Code (closure code) is required when using Transaction Code 7.

501.18 PROCESS

From the SLMU menu, key SLUP for Transaction ID, the FSIS Case ID, the Check Digit, and Transaction Code 7. Press ENTER. The SLUP screen is displayed. The following fields are required.

<u>Field</u>	<u>Field Name</u>
6	Transaction Code 7 (Brought forward from the SLMU menu)
7	Action Code (2 digit closure code)

501.19 OTHER

When an action code of 05, 07, 08, or 09 is entered to close a suspended **case or code 71 to close an ABAWD case**, FSIS sends a denial notice to the head of household. A DSS-8590 turnaround is also created.

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TRANSACTION CODE 8 (TC8)

501.20 GENERAL

Transaction Code 8 is used to make any changes to a case **during** the certification period. FSIS does not allow a Transaction Code 8 if the certification period has expired.

You may use Transaction Code 8 following the completion of Transaction Codes 2, 6, 8, or 9.

501.21 PROCESS

From the SLMU menu, key SLUP for Transaction ID, the FSIS Case ID, the Check Digit, and Transaction Code 8. Press ENTER. The SLUP screen is displayed. The following fields are required.

<u>Field</u>	<u>Field Name</u>
6	Transaction Code 8 (Brought forward from the SLMU menu)
8	Application Date required only when authorizing issuance for a suspended Categorically Eligible household (If date is more than 2 months prior to the current month a warning message is displayed)
*	Any item(s) being changed

Note: If a change of address is entered, you must enter the Vulnerability/Type Code (Vulnerability Status/Fuel Type), Rent/Mortgage, Real Estate Tax, Household Insurance, Utility Type Code, and Other Expense, even if the amounts are the same.

501.22 OTHER

1. A DSS-8590 turnaround is created.
2. Increased Benefits

If after income and deduction changes are calculated and the household is determined eligible for increase in benefits, FSIS accepts the action and updates the case.

3. Decreased Benefits or Determination of Ineligibility

If the household is determined to be ineligible or the household s benefits are being reduced after income, deduction, reserve changes, removal of individuals, etc. are reported, FSIS does not accept the action. FSIS retains the old information in FSIS to allow the caseworker time to give the client the required notice. The DSS-8590 turnaround is generated with a Z in the Adverse Action Guard field and a message: No update action taken. Advance notice required. This message is also displayed on the SLMU menu. The Adverse Action Guard is not edited if the TC8 is completed in the last month of the certification period. When the advance notice has been given, rekey the

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information using Transaction Code 8 and enter an A in the Adverse Action Guard field (field 79). The action processes and a DSS-8590 turnaround is generated.

If the case is determined ineligible after FSIS updates the case, it is suspended. The suspension message appears on the DSS-8590 turnaround with the Action Code. If the caseworker determines the entries are correct and the case is ineligible, close the case using Transaction Code 7 and the appropriate Action Code. You must close ineligible cases; do not leave in suspended status. The case must be closed so that FSIS can send the denial notice. If the case is left in suspense status, FSIS automatically closes the case the month following the certification thru month. The closure shows a Transaction Code 7 but the Action Code does not change.

4. Changes in Household Composition

Use the following to change the head of household or add or delete an individual from the food stamp case. Use member code 99 to change the head of household from one member to another. FSIS inserts the member coded 99 as the head of household and inserts the member with member code 01.

a. To Change the Head of Household

- (1) Person A, former head of household leaves the household and person B enters the household as the head of household. You must complete a name search for the new individual to determine if an individual ID number has previously been assigned or is currently receiving assistance in another case. If no individual ID number for the new head of household, you must assign an individual ID number for the individual before the individual can be added to the food stamp case.
 - (a) Increase the Total Number in Household by 1.
 - (b) Increase the # Required Members by 1.
 - (c) Enter 00 for member 01.
 - (d) Enter 99 as the member code on the next available line, enter the individual ID number, and other individual data.

FSIS deletes the existing head of household, inserts member 99 as the new head of household and changes the member code to 01 and retains the other dependents in their order. FSIS further reduces the # Required Members by 1.

Note: Another way to do this is to change the individual ID number of member 01 to be the individual ID number of the new head of household.

- (2) Person A, former head of household leaves the household and person B is presently in the food stamp case and is to become the new head of household.
 - (a) Enter 00 for member 01.
 - (b) Enter 99 as the member code for the new head of household.

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FSIS deletes the existing head of household, inserts member 99 as the new head of household and changes the member code to 01, and retains and renumbers other individuals in the food stamp case.

- (3) Person A, former head of household remains in the case and person B is not presently in the food stamp case and is to become the new head of household. You must complete a name search for the new individual to determine if an individual ID number has previously been assigned or is currently receiving assistance in another case. If no individual ID number for the new head of household, you must assign an individual ID number for the individual before the individual can be added to the food stamp case.
 - (a) Increase the Total Number in Household by 1.
 - (b) Increase the # Required Members by 1.
 - (c) Enter 99 as the member code for the new head of household on the next available line.

FSIS inserts member 99 as the new head of household and changes the member code to 01 and retains and renumbers other individuals in the food stamp case.

- (4) Person A, former head of household remains in the case and person B is currently in the case and is to become the new head of household.

Enter 99 as the member code for the new head of household.

FSIS inserts member 99 as the new head of household and changes the member code to 01 and retains and renumbers other individuals in the food stamp case.

b. Changes to Other Individuals

- (1) To add a person:
 - (a) You must complete a name search for the new individual to determine if an individual ID number has previously been assigned or is currently receiving assistance in another case. If no individual ID number, you must assign an individual ID number for the individual before the individual can be added to the food stamp case.
 - (b) Increase the Total Number in Home by 1.
 - (c) Increase the # Required Members by 1.
 - (d) Enter the individual ID number and other individual data in the next available line.

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	<p>(2) To delete a person, enter 00 as the member code for the individual that is being removed. FSIS updates the # Required Members and retains and renumbers the individuals remaining in the food stamp case.</p> <p>(3) To add one individual and delete an individual at the same time.</p> <p>(a) You must complete a name search for the new individual to determine if an individual ID number has previously been assigned or is currently receiving assistance in another case. If no individual ID number, you must assign an individual ID number for the individual before the individual can be added to the food stamp case.</p> <p>(b) Increase the Total Number in Home by 1.</p> <p>(c) Increase the # Required Members by 1.</p> <p>(d) Enter the individual ID number and other individual data in the next available line for the individual being added.</p> <p>(e) Enter 00 as the member code for the individual that is being removed. FSIS updates the # Required Members and retains and renumbers the individuals remaining in the food stamp case.</p>	
5.	<p>One Person Household Disqualification</p> <p>To change an individual dependent relationship code from I to D results in the case being suspended with the suspense code 32 because the household is authorized a zero allotment with no member coded I . Close the case with Action Code 07. A DSS-8590 turnaround is created indicating the closure and disqualified status.</p>	
6.	<p>Authorizing Issuance For Suspended Categorically Eligible Households</p> <p>When a categorically eligible household still in suspense (Action Code 47) reports a change which makes the household eligible for an allotment, enter the following:</p> <p>a. Transaction Code 8 and other information on the SLMU menu. Press ENTER.</p> <p>b. Application Date (The date the household reported the change.)</p> <p>c. Start Issuance Date (Same month as the application month.) Benefits are prorated from the date of application.</p> <p>d. Any other changes to the case/individual.</p> <p>e. FSIS sends a Notice of Action for cases having a suspense code 47.</p>	
7.	<p>Dependent Relationship Code D to I</p>	

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When changing the dependent relationship code from D to I , you must also change the start issuance date to the next month.

8. Change Expedite Code

Use Transaction Code 8 to change the Expedite code that was entered at the time of approval (TC2). Any benefits owed the household for any previous months or current month, is generated the night the expedite code has been changed to zero.

9. Change of Address

When a change of address is completed, you must also enter the Vulnerability/Type Code (Vulnerability Status/Fuel Type), Rent/Mortgage, Real Estate Tax, Household Insurance, Utility Type Code, and Other Expense, even if the amounts are the same.

10. Correct Individual ID Number

Enter the correct individual ID number over the existing individual ID number.

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TRANSACTION CODE 9 (TC9)

501.23 GENERAL

Transaction Code 9 is used to authorize retroactive benefits.

501.24 PROCESS

From the SLMU menu, key SLUP for Transaction ID, the FSIS Case ID, the Check Digit, and Transaction Code 9. Press ENTER. The SLUP screen is displayed. The following fields are required.

Retroactive Benefits

<u>Field</u>	<u>Field Name</u>
6	Transaction Code 9 (Brought forward from the SLMU menu)
63	Amount of the Retroactive Benefit
64	Reason Code 02

501.25 OTHER

1. Retroactive Benefits

Reason Code 02 is entered only when retroactive benefits are manually calculated and the retroactive amount is to be added to the issuance generated the night after the new case is entered. This adjustment is reflected on the Notice of Action Taken. You may only enter on the same day a new case is entered in FSIS. FSIS rejects attempts to enter on following days or in the application month that has been entered.

2. A DSS-8590 is created.

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502.01 GENERAL

The screens used in FSIS are listed below in the order that they appear on the two FSIS menus (Inquiry and Update). Each screen performs a different function. The following pages provide further details and illustrations of the most used screens. When all required entries have been completed and no errors, a prompt is received to either press the PF2 key to process the transaction, press the PF4 key to place the transaction in hold status (you may not place a TC1 in hold status), or to press the PF3 key to end the transaction. The prompt displays as: 'PRESS PF2 TO PROCESS, PRESS PF4 TO PUT FORM ON HOLD, PRESS PF3 TO CANCEL & EXIT'. Once the prompt has been received, no changes may be made to the transaction and the fields are protected.

When a transaction is keyed on a weekend or holiday, the benefits, notices, etc. that are created in the normal nightly update are not updated until the next work night. For example, a TC2 (approval) is keyed on Saturday. The online data is updated; however, the benefit, EBT transaction to Citibank, notice, reports, etc., are not produced until the next work night.

<u>SCREEN</u>	<u>SCREEN DESCRIPTION</u>
SLMU	CERTIFICATION MENU SCREEN. Once you access this menu, you may access the following screens.
SLUP	This screen is used to register initial applications, deny applications, approve applications, and update case information for any case in FSIS.
SLUO	This screen is used to update case information using old policy and procedures.
SLIN	This screen is used to display current case information and case information that is in hold status.
SLNS	NAME SEARCH - This screen is used to search the Common Name Database for an individual to determine if the individual is currently receiving assistance, has received assistance, or has not received assistance. This screen is further used to assign individual ID numbers. Individual ID numbers are required before an individual can be included as part of an FSIS case.
SLNM	NAME MATCH - This screen lists all persons on the FSIS Master File with the same or similar names.
SLSN	SSN MATCH - This screen lists all persons on the FSIS Master File with the same social security number.
SLII	BENEFIT INQUIRY - This screen lists up to five years of issuance for an FSIS case.
SLCI	CLAIM INQUIRY (STATE STAFF ONLY) - This screen is used to view claim information for an FSIS case.

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SLAI	AUTHORIZED REPRESENTATIVE/ADTC INQUIRY - This screen is used to view authorized representatives and ADTC and the FSIS cases that are currently assigned.	
SLID	IPV DISQUALIFICATION INQUIRY - This screen is used to view IPV disqualified recipient information.	
SLFI	FORMS ON HOLD INQUIRY - This screen is used to view all transactions that are in hold status for you county.	
SLDI	COMMODITY INQUIRY - This screen is used to view commodity distribution information.	
SLWI	COUNTY WORKER NUMBER INQUIRY - This screen is used to view validated worker numbers with the associated worker name.	
ERTI	USER ID MAINTENANCE (STATE STAFF ONLY) - This screen is used by state office staff. It is used to change the county number for the terminal being used.	
SLRI	RECONCILIATION INFORMATION (STATE STAFF ONLY) - This screen is used by state office staff. It is used to view reconciliation information.	
SLMC	MASS CHANGE UPDATE (STATE STAFF ONLY) - This screen is used by state office staff. It is used for mass change updates.	
SLMI	MASS CHANGE INQUIRY (STATE STAFF ONLY) - This screen is used by state office staff. It is used to view mass change information.	
SLMF	ELECTRONIC MANIFEST INQUIRY (STATE STAFF ONLY) - This screen is used by state office staff. It is used to view electronic manifest information.	
SLCP	DISASTER EBT CARDS - This screen is used during a disaster. It is used to order disaster EBT cards.	
SLSE	EBT ISSUANCE - This screen is used to for various types of EBT issuances. It is also used to change the address of pending/denied/closed FSIS cases that had an existing EBT account.	
SLNC	NAME CHANGE - This screen is used to change demographic data for a non-ssi individual.	
SLAR	AUTHORIZED REPRESENTATIVE/ADTC UPDATE - This screen is used to add/update Authorized Representatives and ADTC.	
SLIC	EBT CARD ISSUANCE - This screen is used to request an EBT card when no card has previously been issued. No replacement of an EBT card may be made from this screen.	
SLAW	FSIS BUDGET - This screen is used to perform budget calculations.	
SLDQ	DISQUALIFICATION RECIPIENT TRACKING - This screen is used to inquire and update individuals for disqualified recipient tracking.	

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SLTO	FEDERAL TAX REF OFFSET - This screen is used to view federal tax offset information.	
SLCD	COMMODITY UPDATE - This screen is used to update commodity distribution.	
SLCA	COUNTY ADDRESS/TELEPHONE INQUIRY/UPDATE - This screen is used to update your county department of social services address and the agency telephone number for FSIS. This screen is also an inquiry screen to view current data.	
SLWV	CASEWORKER NAME/NUMBER UPDATE - This screen is used to enter the food stamp worker number and the name assigned to the worker number.	
SLRT	MESSAGE SYSTEM - This screen is used to send messages in FSIS.	
SLFX	INDIVIDUAL DEACTIVATION PROCESS (STATE STAFF ONLY) - This screen is used by state office staff. It is used to manually deactivate an individual from an FSIS case in which the individual has been removed from the FSIS case but the database was not updated with the deactivation.	
SLFD	FORMS ON HOLD DELETE - This screen is used to delete a transaction that is in hold status.	
SLUI	FSIS/EBTIS DISASTER SUI - This screen is used during a disaster to assign a unique identifier to a disaster EBT card.	
SLTR	TRANSACTION TRACKING - This screen is used to view transactions keyed and transactions received from EIS.	

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502.02 SLMU – CERTIFICATION MENU SCREEN

The SLMU menu provides access to the SLUP, SLUO, and SLIN transactions.

From either the Food Stamp Inquiry Menu or the Food Stamp Update Menu, select the SLMU transaction. The CERTIFICATION MENU SCREEN with the Transaction ID SLUP and the Transaction Code 1 is displayed.

SLMU FOOD STAMP INFORMATION SYSTEM Date 02/02/01
===== Time 10:38:45
CERTIFICATION MENU SCREEN

Transaction ID : SLUP (SLUP, SLUO, or SLIN)

FSIS Case ID : (NOT Required For Initial Application)

Check Digit : (NOT Required For SLIN)

Transaction Code : 1 (REQUIRED For SLUP or SLUO:-
 1 = Initial Application
 2 = Certification
 3 = Reopen a Closed Case
 5 = Denial
 6 = Redetermination
 7 = Closure
 8 = Intermediate Change
 9 = Restoration and Recoupment)

Enter Required Data or 'CLEAR' To End

- A. Key the transaction (SLUP, SLUO, SLIN) for the desired screen.
- B. Key the FSIS case ID number. Do not enter for an initial application.
- C. Key the check digit for transactions SLUP and SLUO. Leave blank for SLIN and initial applications.
- D. Press ENTER. The selected screen is displayed.

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502.03 SLUP/SLUO – FOOD STAMP UPDATE SCREEN

This screen displays the current information in the Food Stamp Master File for a case and displays the last type of action taken. For an initial application, a blank screen is displayed. The program standard date is also displayed. Use this screen to key an initial application and to key any action to update an application or update an existing case. For SLUO, the process and screens are the same; however, instead of SLUP displayed on the screen, SLUO is displayed. The SLUO transaction is used when a case/application is updated using old food stamp policy and procedures.

From the SLMU CERTIFICATION MENU SCREEN:

1. Key the SLUP/SLUO transaction in the TRANSACTION ID field.
2. Key the FSIS case ID number in the FSIS CASE ID field. Leave blank when keying an initial application. Otherwise, this field is required for the SLUP transaction.
3. Key the check digit in the CHECK DIGIT field. Leave blank when keying an initial application.
4. Key the type of transaction being used in the TRANSACTION CODE field.
5. Press ENTER. The SLUP/SLUO screen is displayed. Key the data as outlined in the 8590 instructions and instructions by transaction codes.

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SLUP - INITIAL APPLICATION		STANDARDS STARTING 10 01 00		Page 1 of 1	
Case ID	Cnty: Geo	Adm	Expedite	FOH	Tran Cd 1
Action Code	Appl Date		Cert From	Cert Thru	
Sex/Race	MRRB Status		Start Issuance	Household Type	
Type Issuance	Caseload Number		Assigned Worker	Temporary Wrkr	
AFDC Cty Cs1	AFDC Cty Cs2		AFDC Cty Cs3	Cty Case No	
Vuln/Type	E & T		Disaster Ind	Adeq Notice Flag	
Address Line 1		Address Line 2		Tot HH	
City/State		Zip Code		# Required Mbr	
HH Reserve	Project Code	Regulator Delay		No Prorate	
Rent/Mortgage	Real Est Tax	Household Ins		Utilities	
Utility type	Other Expense	Dep Care		Medical Exp	
Claim Indicator	Retroactive	Retro Type		Claim Coll	
Review Date 1	Review Type 1	Review Date 2		Review Type 2	
Dependent Care Num	Intvw Date	Prev ID #		Adv Action Guard	
-----D E P E N D E N T I N F O R M A T I O N-----					
MM	SSN	V	NAME	DOB IN W EARN T PA T SS	ASI I
01	000000000	0		0000000 0 0000 0 000 0 0000	0 0
ID 0000000000 DEP CARE 000 LSO 0000 RACE 0 SEX 0 OTHR 0000 T1 0 T2 0					
ID DEP CARE LSO RACE SEX OTHR T1 T2					
ENTER=Process PF3=End(No Update) PF4=FOH CLEAR=Cancel					

SLUP - FOOD STAMPS UPDATE		STANDARDS STARTING 10 01 00		Page 1 of 1	
Case ID 123456789	Cnty: Geo 98	Adm 00	Expedite 0	FOH N	Tran Cd 3
Action Code	Appl Date		Cert From 1000	Cert Thru 03001	
Sex/Race 25	MRRB Status 0		Start Issuance 1000	Household Type 2	
Type Issuance 9	Caseload Number 000		Assigned Worker 011	Temporary Wrkr 000	
AFDC Cty Cs1	AFDC Cty Cs2		AFDC Cty Cs3	Cty Case No 0035413	
Vuln/Type VE	E & T		Disaster Ind	Adeq Notice Flag	
Address Line 1 123	TEST ST	Address Line 2		Tot HH 01	
City/State	TEST CITY NC	Zip Code 27603		# Required Mbr 01	
HH Reserve 0000000	Project Code	Regulator Delay		No Prorate	
Rent/Mortgage 13700	Real Est Tax 00000	Househld Ins 00000		Utilities 15500	
Utility type 1	Other Expense 00000	Dep Care 0000		Medical Exp 0000	
Claim Indicator 0	Retroactive 0000	Retro Type 00		Claim Coll 0000	
Review Date 1 0000	Review Type 1 0	Review Date 2 0000		Review Type 2 0	
Dependent Care Num 00	Intvw Date 01	Prev ID # 000000000		Adv Action Guard	
-----D E P E N D E N T I N F O R M A T I O N-----					
MM	SSN	V	NAME	DOB IN W EARN T PA T SS	ASI I
123456789	P TEST A CASE			0812979 A H 0606 G 000 0 0000	0 I
ID 123456789F DEP CARE 000 LSO 0000 RACE B SEX F OTHR 0000 T1 0 T2 0					
ID DEP CARE LSO RACE SEX OTHR T1 T2					
ENTER=Process PF3=End(No Update) PF4=FOH CLEAR=Cancel					

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502.04 SLAI/SLAR - AUTHORIZED REPRESENTATIVE SCREEN

The Authorized Representative System, inquiry and update, is used to assign or inactive an authorized representative from an FSIS case. This system is also used for Alcohol and Drug Treatment Centers (ADTC) which are assigned to an FSIS case. More detailed information about the Authorized Representative System is found in the Authorized Representative section of the users manual.

1. From the FOOD STAMP INQUIRY MENU, select the SLAI transaction and press ENTER. The Authorized Representative Inquiry Screen is displayed.

SLA310A	AUTHORIZED REPRESENTATIVE SYSTEM INQUIRY	02/05/01 14:09:28
SELECT AN OPTION : _		
1. INQUIRY ON AN AUTHORIZED REPRESENTATIVE		
2. INQUIRY ON AN AUTHORIZED REP FOR A DRUG TREATMENT CENTER		
3. INQUIRY AUTHORIZED REPRESENTATIVE FOR FSIS ID: _____		
MESSAGES : PRESS 'ENTER' KEY TO PROCESS		
PF3: CANCEL		

From the Inquiry screen select the option you wish to view. See the Authorized Representative section of the user s manual for further information.

2. From the FOOD STAMP UPDATE MENU, select the SLAR transaction and press ENTER. The Authorized Representative Update Screen is displayed.

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SLA310A	AUTHORIZED REPRESENTATIVE SYSTEM ADD/UPDATE	02/05/01 14:12:41
---------	--	----------------------

SELECT AN OPTION : _

1. ADD/UPDATE AN AUTHORIZED REPRESENTATIVE

2. ADD/UPDATE AN AUTHORIZED REP FOR A DRUG TREATMENT CENTER

3. UPDATE AUTHORIZED REPRESENTATIVE FOR FSIS ID: _____

MESSAGES :
PRESS 'ENTER' KEY TO PROCESS

PF3: CANCEL

From the Authorized Representative Add/Update menu, select the option you wish to use. See the Authorized Representative section of the user s manual for further information.

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502.05 SLAW – FSIS APPLICATION WORKSHEET (BUDGET) SCREEN

This screen is used to perform budget calculations. The SLAW process consists of three screens, HISTORICAL TRIAL BUDGET screen, FSIS APPLICATION WORKSHEET screen with the start and end dates that were entered on the Historical Trial Budget screen, and the FSIS APPLICATION WORKSHEET CALCULATIONS screen.

From the FOOD STAMP UPDATE MENU select the SLAW transaction and press ENTER. The first screen of SLAW, HISTORICAL TRIAL BUDGET, is displayed.

SLAW	HISTORICAL TRIAL BUDGET
<p>START DATE: 010101</p> <p>END DATE: 013101</p>	
<p>PF1/PF13: HELP PF3/PF15: END</p>	

From the HISTORICAL TRIAL BUDGET, enter the start and end dates (MMDDYY format) for the budget period to be calculated and press ENTER. The FSIS APPLICATION WORKSHEET screen is displayed.

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SLAW		FSIS APPLICATION WORKSHEET	
01/01/01 - 01/31/01			
CASE NAME: TEST CASE		CASE #: 123456789	
MO SELF-EMPL. INCOME: A) B) C)		HOUSEHOLD SIZE: 02	
MO BUSINESS COST: A) B) C)		FARM--INCOME	
WAGES AND SALARIES (USE FOLLOWING FSIS FREQUENCY CODES: B C D E G H I & J)		FARM-EXPENSE	
A) FREQUENCY	B) FREQUENCY	C) FREQUENCY	D) FREQUENCY
D) FREQUENCY	E) FREQUENCY	F) FREQUENCY	G) FREQUENCY
MO EDUC. BENEFITS: A) B)		MO TUITION & FEES: A) B)	
MO UNEARNED INCOME: A) 0550 B) C) D)		E) F) G) H)	
AGED/DISABLED (Y/N): N		M-PERSON NOT INCLD ELIG FOR MED DED (Y/N): N	
CAT ELIG (Y/N): N PRESS ENTER TO DETERMINE IF ELIGIBLE OR OVER-GROSS			
APPLICANT IS ELIGIBLE --- GROSS INCOME DOES NOT EXCEED ELIGIBILITY LIMIT.			
MO MED EXPENSES(INCLUDE): MED, DENTAL SVC: HOSP, NURS CARE:			
INS, MEDICARE PMTS: DRUGS: DENTURES, GLASSES, ETC:			
TRANSPORTATION : ATTEND CARE: OTHER:			
DEPENDENT CARE COSTS(\$\$\$\$): CHILD SUPPORT PAYMENTS(\$\$\$\$):			
SHELTER COSTS(\$\$) RENT/MORTGAGE: 25000 TAX AND INS: OTHER:			
S U A (USE FSIS CODE): 1 AMT:			
*** NOTE: IF S U A CODES 2, 3 OR 6 ARE USED, AMOUNT IS REQUIRED ***			
PRESS ENTER TO DETERMINE IF NET-INCOME EXCEEDS LIMIT			
PF3/PF15: TO MAIN MENU			

From the FSIS APPLICATION WORKSHEET, key entries as outlined below. There is a two step process for this screen. The first step is the gross income test. The second step is entry of deductions and the net income test.

For income fields, do not enter leading zeroes and do not enter cents.
For a dependent care deduction include leading zeroes if needed, but do not enter cents (four digit field).
For Medical and Shelter deductions you must include dollar and cent amount (six digit fields).

Step One

Key the following required fields and any optional fields that are needed for the case. Once keyed, press ENTER for eligibility based on gross income.

1. Name
2. Household Size
3. Aged/Disabled (Y or N)
4. M-Person Not Incl'd Elig For Med Ded (Y or N)
5. Cat Elig (Y or N)

NOTE: If the case passes the gross income test, the message APPLICANT IS ELIGIBLE --- GROSS INCOME DOES NOT EXCEED ELIGIBILITY LIMIT is displayed.

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If CAT ELIG = Y, the message APPLICANT IS CATEGORICALLY ELIGIBLE is displayed.

Step Two

If eligible based on the gross income, enter deductions. Medical expenses can only be keyed if M-PERSON NOT INCLD ELIG FOR MED DED = Y. Press ENTER.

If the case is ineligible based on net income, the message, CASE DENIED: NET INCOME EXCEEDS ELIGIBILITY LIMIT --- LIMIT IS: _____

If the case is eligible based on entries keyed, the FSIS APPLICATION WORKSHEET CALCULATIONS screen is displayed. If the case is ineligible based on gross income, the message is displayed at the bottom of the Calculation Screen: CASE DENIED: GROSS INCOME EXCEEDS ELIGIBILITY LIMIT --- LIMIT IS _____. No data is keyed on this screen. This screen displays the food stamp calculation based on the entries keyed on the FSIS APPLICATION WORKSHEET.

SLAW		FSIS APPLICATION WORKSHEET CALCULATIONS	
		01/01/01 - 01/31/01	
CASE NAME: TEST CASE		# 123456789 HH SIZE: 02	CAT ELIG: N
		AGED/DISABLED: N	M-PERSON: N
1) MO SELF-EMP INCOME	\$0	15) THRESHOLD AMOUNT	\$35
2) MO BUSINESS COST	\$0	16) ALLOWABLE MED EXP	\$0
3) NET INC BEFORE TAXES	\$0	17) DEPENDENT CARE COSTS	\$0
WAGE & SALARY INCOME	\$0	18) CHILD SUPPORT	\$0
		PAYMENTS	
4) TOTAL EARNED INCOME	\$0	19) SUBTOTAL-NON SHLTR DED	\$134
5) MO EDUC. BENEFITS	\$0	20) INC LESS NON SHLTR DED	\$416
6) MO TUITION & FEES	\$0	21) TOTAL SHELTER COSTS	\$426
7) MO NET ED BENEFITS	\$0	22) OF LINE 20	\$208
8) EARNED INC & EDUC BEN	\$0	23) EXCESS SHELTER COSTS	\$218
UNEARNED INCOME	\$550	24) NET MONTHLY INCOME	\$198
9) UNEARNED, EARNED, &ED B	\$550	25) MAX COUPON ALLOTMENT	\$238
10) FARM LOSS - CARRIED FWD.	\$0	26) BENEFIT REDUCTION 30% L	\$60
11) CONTABLE GROSS INCOME	\$550	27) MO COUPON ALLOTMENT	\$178
		NUMBER OF FULL MONTHS	1
12) PCT OF LINE 4	\$40	PRORATED ALLOTMENT	\$0
13) STD DEDUCTION	\$134	28) TOTAL ALLOTMENT	\$178
14) TOT MO MED EXPENSES	\$0		
PRINT COMPUTED BUDGET (Y/N): N			
PF3/PF15: MAIN MENU PF7/PF19: PAGE BACK ENTER: NEXT HISTORICAL CHANGE			

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502.06 SLCA - VALID COUNTY ADDRESS/LOCATION/TELEPHONE NUMBER

This screen is used to display and change the address/telephone number of the county department of social services for each food stamp office in the county.

From the FOOD STAMP UPDATE MENU, select the SLCA transaction and press ENTER. The SLCA VALID COUNTY/ADDRESS/LOCATION/TELEPHONE NUMER screen is displayed.

SLCA 02/06/01	<div style="text-align: center;"> VALID COUNTY ADDRESS/ LOCATION/TELEPHONE NUMBER ----- ----- </div> COUNTY: XX ADMIN: REGION: X NAME: TEST COUNTY DSS ADDRESS: LOCATION: CITY/STATE: ZIP: PHONE #1: PHONE #2: PHONE #3: PHONE #4: PHONE #5: *** ENTER ADMIN *** PRESS ENTER TO CHANGE PF3=END(NO UPDATE)
------------------	--

1. Enter the administrative code in the ADMIN field. Press ENTER. The current data is displayed for the administrative code keyed.
2. Change the old data by keying over with the new data. Use the space bar or erase key to remove any extra characters. Press ENTER. The message: *** RECORD CHANGED SUCCESSFULLY *** is displayed at the bottom of the screen.

ADDRESS Field Up to 25 characters, including spaces may be keyed. This entry is the county s mailing address used by the Postal Service and can be a PO Box, street address, or other appropriate information.

LOCATION Field - Up to 25 characters, including spaces may be keyed. The entry is the physical location of the office for clients. The location cannot be a PO Box. An entry must be made in this space even though the location is the same as the address .

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- | | |
|--------------|--|
| CITY/STATE - | Up to 19 characters may be keyed. |
| ZIP - | Five (5) characters. |
| PHONE # - | <p>There are five fields for phone numbers each may contain up to 17 characters. Key all appropriate numbers beginning with Phone #1 .</p> <ul style="list-style-type: none"> a. Enter standard numbers as XXX-XXX-XXXX which includes the area code. b. Enter 800 numbers as 1-800-XXX-XXXX . c. Enter credit card, calling card, or call-me card numbers as XXX-XXX-XXXX-XXXX . d. Enter a number to be called collect as collect XXX-XXXX . |

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502.07 SLCD/SLDI - FSIS COMMODITY DISTRIBUTION

The FSIS COMMODITY DISTRIBUTION (SLCD) function allows the worker to key necessary information for participation in the USDA Temporary Emergency Food Assistance Program. The SLDI transaction is an inquiry function to view the information keyed using the SLCD transaction.

- A. An authorization laser notice is generated and mailed to each food stamp household certified at the time of selection. The notice serves as verification of the receipt of indicated quantities of food. Any household eligible for food stamps at the time of selection remains eligible for the distribution month, even if the certification period expires at the end of the selection month. The notice includes the head of household, county name and number, food stamp county case number, FSIS case ID number, household size, month of distribution, authorized foods to be distributed, quantity of food to be distributed and a message.
- B. The keying deadline for commodity distribution using the SLCD function is the third work day from the end of the month. The authorization notices are mailed by the 5th calendar day of the distribution month.
- C. If a county does not make a selection for the distribution month before the keying deadline, entry of distribution information is not allowed. For example, if the next distribution date is 03/01, entry is not allowed after February 26, 2001. In this situation, key O in the override distribution code field and change other distribution information. The worker must contact the Economic Independence Automation Staff at 919-733-8938 before authorization notices can be printed.
- C. Function Access and Information
 - 1. From the FOOD STAMP UPDATE MENU select the SLCD function and press ENTER. The FSIS COMMODITY DISTRIBUTION screen is displayed.

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SLCD	COUNTY XX	FSIS COMMODITY DISTRIBUTION	02/06/2001
		DATE KEYED 02/06/2001	FOR NEXT DISTRIBUTION DATE 112000
FREQUENCY Q		OVERRIDE DISTRIBUTION CODE	
	RED	*RED*	*RED*
X CEREAL	B	X CRANAPPLJUIC	B
X FIGS	B	X FLOUR	B
PEANUT BUTTE		X PEARS	B
X SPAGHETTI	B	X STRAWBERRIES	B
X TOMATO SAUCE	B	X VEGETABLE OI	B
ENTER MESSAGE ==> XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX			
KEY DISTRIBUTION INFORMATION AND PRESS ENTER TO PROCESS. PRESS PF3 TO END TRANSACTION.			

2. Key Q (quarterly only) in the FREQUENCY field.
3. Key the month and year (MMYYYY) of the next commodity distribution in the NEXT DISTRIBUTION DATE field.
4. Key an X to the left of each commodity selected for the distribution month.
5. Key a two digit reduction factor for each commodity selected to the right of the commodity under RED column.
 - a. The amount of products authorized for each household size is reduced by the number keyed in the reduction field, except no amount is reduced to less than one.

For example, to reduce a USDA authorized quantity of 13 units to only one unit, the county must key a reduction factor of 12.
 - b. Key a B in this field if the county cannot anticipate the amount of commodity that will be available..
 - c. Key a 00 in this field to indicate no reduction factor.
6. Key any message in the MESSAGE area. This message is printed on the authorization notice. The message area accommodates a message of 12 lines and 44 characters (including spaces) per line.

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7.	If a previously selected product must be deleted, move the cursor to the X by the product to be deleted and use the space bar to remove the X . Remove the RED reduction factor by using the space bar.	
8.	Press ENTER. A message: UPDATE SUCCESSFUL is displayed when the transaction is error free.	
9.	The report SLER755-01 Commodity Distribution Register is generated when the authorization notices are generated and is mailed to the county. The report contains:	
a.	All food stamp households certified at the time commodity authorization notices were generated. The report lists households in alphabetical order.	
b.	Each type of commodity available. The commodities selected by the county is indicated by the quantity printed next to the product or a blank line. FSIS prints XXXs for all commodities the county did not select for distribution.	
c.	The issued date and is shown on the list with a blank line for the date of distribution.	
d.	A line for initials of the distributing official.	

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502.08 SLCI - CLAIMS INQUIRY MENU EXISTING CLAIMS FOR XXXXXXXXX

This screen is used to view claims established prior to May 1, 2000. All claim inquiry information on or after May 2000 are found in the EPICS system. No updates have been made to the SLCI function since EPICS was implemented. This is a state level only function.

- A. From the FOOD STAMP INQUIRY MENU, select the SLCI transaction and press ENTER. A prompt is displayed requiring the FSIS case ID number. Key the case ID number and press ENTER. The CLAIMS INQUIRY MENU EXISTING CLAIMS FOR (CASE ID) screen is displayed.

SLCI	CLAIMS INQUIRY MENU EXISTING CLAIMS FOR XXXXXXXXX
CATEGORY	DATE ESTABLISHED
A	062499
V	062499

ENTER NEXT CLAIMS CASE ID ==> AND PRESS ENTER

PLACE AN 'X' BESIDE THE CLAIM TO VIEW THEN
PRESS ENTER FOR CLAIM INFORMATION OR
PRESS PF3 FOR PAYMENT HISTORY OR
PRESS CLEAR TO END TRANSACTION

- B. Key an X to the left of the claim to be viewed and press ENTER. The CLAIMS INFORMATION INQUIRY FOR CASEID: XXXXXXXXX. is displayed.

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SLCI CLAIMS INFORMATION INQUIRY FOR CASEID: XXXXXXXXX		CREATED: 062499
CNTY CASE: 0003604	WORKER: 244	COUNTY: XX
NAME FIRST: TEST	MIDDLE:	LAST: CASE
ADDR 1: 123 TEST ST	2:	
ADDR 3: TEST CITY NC	ZIP: 27603	

CATEGORY: V	METHOD: W	RECOUP STATUS:
SOURCE: 04	ACTION: I	
ACTION DATE: 062499	ORIGINAL CLAIM AMT: 71000	DISCOVERY DATE: 020499
OI PERIOD: 0598 TO 0299	0000 TO 0000	0000 TO 0000
AMT DUE: 5800	DISPOSITION: A	DISP DATE: 062499

TYPE: R	COLLECTION AMOUNT: 10900	DATE: 040100
REFUND AMOUNT: 00	DATE: 000000	

PRESS ENTER TO VIEW PAYMENT HISTORY PRESS CLEAR KEY TO END TRANSACTION		
PRESS PF3 TO RETURN TO MENU		

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502.09 SLFD - FORMS ON HOLD DELETE SCREEN

This screen is used to delete a transaction from hold status. This screen displays all transactions in hold status for your county. Deleting a transaction from hold status does not process the information that was keyed when the transaction was placed in the hold status. Further detailed information is found in the Forms On Hold section of the users manual.

From the FOOD STAMP UPDATE MENU, select the SLFD transaction and press ENTER. The FORMS ON HOLD DELETE SCREEN is displayed.

SLA3601		FORMS ON HOLD DELETE SCREEN		
COUNTY XX				
FSIS CASE ID	TRANSACTION DATE	WORKER NUMBER	TRAN CODE	
_ 123456789 1	02052001	XXX	3	

MESSAGE
ENTER (S) TO SELECT PF7/8:TO SCROLL PF12: CANCEL PAGE 0001

From the FORMS ON HOLD DELETE SCREEN, key an S to the left of the FSIS Case ID number that you wish to delete and press ENTER. A prompt is displayed to press the PF4 key to confirm the deletion of the transaction. Press the PF4 key. The transaction is removed from hold status and from the SLFI (Forms On Hold Inquiry) screen. The Forms On Hold Indicator (FOH) is changed to N on the SLIN (Case Inquiry) screen.

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502.10 SLFI - FORMS ON HOLD INQUIRY SCREEN

This screen is used to view all transactions that are in hold status for your county.

From the FOOD STAMP INQUIRY MENU, select the SLFI transaction and press ENTER. The FORMS ON HOLD INQUIRY screen is displayed.

SLA3601	FORMS ON HOLD INQUIRY SCREEN		COUNTY XX
FSIS CASE ID	TRANSACTION DATE	WORKER NUMBER	TRAN CODE

MESSAGE
PF7/8:TO SCROLL PF12: CANCEL PAGE 0001

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502.11 SLID - FSIS DISQUALIFIED RECIPIENT – SELECTION

This screen is used to view persons disqualified for Intentional Program Violations in North Carolina and other states. This is information prior to May 1, 2000. Any person disqualified on or after May 1, 2000, is found in EPICS. No updates have been made to the SLID function since EPICS was implemented. This is a state level only function.

- A. From the FOOD STAMP INQUIRY MENU, select the SLID transaction and press ENTER. A prompt is displayed requiring a social security number. Key the social security number and press ENTER. The FSIS DISQUALIFIED RECIPIENT SELECTION screen is displayed.

SLID	FSIS DISQUALIFIED RECIPIENT - SELECTION	DATE: 02/06/01
	~~~~~	
	SEL STATE DQ NUMBER	
	~~~ ~~~~~	
	IA 1	
	NJ 1	
	NJ 1	
PLACE AN "X" ON A SELECTION TO SEE DETAILED DISQUALIFICATION INFORMATION		
CLEAR: END SESSION		
ALL CHOICES DISPLAYED, PLEASE MAKE SELECTION.		

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- B. Select the information to be viewed by entering an X under the SEL field and by the state you wish to view and press ENTER. The FSIS DISQUALIFIED RECIPIENT - INFO screen is displayed.

SLID	FSIS DISQUALIFIED RECIPIENT - INFO ~~~~~	DATE: 02/06/01
		LAST ACTIVITY: 00000000 RECORD ADDED : 03261997
	COUNTY: STATE: IA	
SSN: XXXXXXXXXX	FSIS ID:	CASE #:
LAST NAME :CASE	FIRST NAME: TEST	MIDDLE:
ADDRESS-1 :		SEX: F
ADDRESS-2 :		DOB: 08201969
CITY/STATE:	ZIPCODE:	TRANSFERRED:
	DISQUALIFICATION INFORMATION	
METHOD:	DQ #: 1	DQ LENGTH: 06
DECISION DATE: 12271996	START DATE: 03011997	
	CONTACT INFORMATION ~~~~~	~~~~~ ~ 'CLEAR' TO END TRANS ~ 'PF7' TO SCROLL BACK ~ 'PF8' TO SCROLL FRWD ~ ~~~~~
FIPS CODE: 0001		
OFFICE: IA. DEPT. HUMAN SERVICES	STATE: IA	
TITLE: APPEALS LIAISON		
TELEPHONE: 555 555 5555	EXTENSION: 0000	NEXT CASE SSN: 000000000
RECORD SELECTED FOR INQUIRY		

- C. To exit this screen, clear the screen. The FOOD STAMP INQUIRY MENU is displayed.

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502.12 SLIN – FOOD STAMP INQUIRY SCREEN

There are multiple screens with SLIN inquiry. Page 1 displays the current information in the Food Stamp Master File for a case, pending application, or the information for a case that is in hold status. It further displays the last type of action and the last transaction date for the case. Page 2, etc, of the SLIN screen displays all individuals that are part of the Food Stamp Case.

From the SLMU CERTIFICATION MENU SCREEN:

1. Key the SLIN transaction in the TRANSACTION field.
2. Key the FSIS case ID number in the FSIS CASE ID field.
3. Press ENTER. The SLIN screen is displayed.

SLIN - F O O D S T A M P I N Q U I R Y			PAGE 1 OF 2
ID NUMBER 123456789 3	NAME TEST CASE	GEO ADM CO XX00	
TRAN CODE 7 FOH N	ADDRESS-1 110 TEST ST	ACTION CODE 25	
TRAN DATE 110100	ADDRESS-2	APPL DATE 011301	
CERT FROM 0101	CTY/STATE TEST NC	CERT THRU 0201	
SEX/RACE 25	ZIPCODE 11111	MRRB STA 0	START ISS 0101
TYPE ISS 9	HH TYPE 2	TOTAL HH 04	CASELOAD 000
WORKER 027	RECD NBR 004	E & T	ADEQ NOTICE
AFDC-1	AFDC-2	AFDC-3	PA MEMBRS 00
CTY CS# 000000	VUL/TYPE NO	CLAIM 0	CLAIM COLL 0000
HH RESRV 00000000	PRO ALLOT	REG DELAY	NO PRORATE N
RENT/MOR 00000	RE TAXES 00000	HH INS 00000	UTILITIES 00000
UTL TYPE 0	OTHR EXP 00000	TTL SHLTR 0000	EARN INC 0000
E I DED 0000	NET EARNND 0000	OTHER INC 0000	GROSS INC 0000
STD DED 134	ADJ INC 0000	DEP CARE 0000	MED EXP 0000
EXCS SHLT 0000	EXPENSE 0000	NET ADJ 0000	HH INCLD 04
# REQ MBR 04	TFP 0400	BEN REDU 0000	RESTR ADJ 0000
RESTR RSN 00	ALLOTMENT 0400	\$2 BOOKS 00	\$7 BOOKS 00
\$10 BOOKS 01	\$40 BOOKS 00	\$50 BOOKS 00	\$65 BOOKS 06
RVW DATE1 0000	RVW TYPE1 0	RVW DATE2 0000	RVW TYPE2 0
MAIL CODE 04	EXPEDITE 0	PRV ID 000000000	DEP CARE NUM 00
PROJ CODE EIS CASE ID	P/X TO VIEW DEP(X=PAGE TO VIEW)		PF5-SLAI
CP 0 INTVW MONTH 00 DIS IND	ENTER-CONTINUE PF2-SLA980A PF3-PREV		PF4-SLII

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SLIN - D E P E N D E N T I N Q U I R Y										PAGE 2 OF 2			
MM	SSN	V	NAME	DOB	IN	W	EARN	T	PA	T	SS	ASI	I
01	222222222	P	TEST CASE	0208935	A	Z	0000	0	000	0	0000	0	I
ID	999999999P		DEP CARE	000	LSO	0000	RACE	B	SEX	F	OTHR	0000	T1 0 T2 0
P/X TO VIEW DEPENDENTS (X = PAGE TO VIEW)													
ENTER-CONTINUE PF2-SLA980A PF3-PREVIOUS													

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502.13 SLII - ISSUANCE INQUIRY SCREEN

This screen is used to display benefit issuance for a food stamp case. Up to five years of benefit issuance may be displayed.

From the FOOD STAMP INQUIRY MENU, select the SLII transaction and press ENTER. A prompt is displayed to enter the FSIS Case ID number. Key the FSIS Case ID number and press ENTER. The SLII Issuance Inquiry screen is displayed.

SLII

ISSUANCE INQUIRY SCREEN

ID: 123456789

NAME: TEST CASE

ADDRESS: 123 TEST ST

ISSUE CYCLE: 05 TYPE: 9

ACTION CODE: 00

TEST CITY NC

27603

TRANS CODE: 1 DATE: 012501

CERT FROM: 0000 TO: 0000

LAST AUTH: 092499

AMOUNT: 0125

BEN MO: 0999

EIS ID:

CTY	AMOUNT	DATE AUTH	BEN MO	TYPE	BENEFIT ISSUED	ISSUANCE SYSTEM	STATUS/ ATP NO	ADTC (Y/N)
69	0125	092499	0999	DIS	092499	EBT	ISSUED	N
69	0119	091896	0996	INT	091896	MAIL	ISSUED	N

PF4 - TRANSFER TO SLIN

"S" AND ENTER TO DISPLAY TRI-MONTHLY ISSUANCE DETAIL WHEN ADTC FLAG = 'Y'

1. The CTY field indicates the county that issued the benefit.
2. The BENEFIT ISSUED field indicates the actual issuance date.
3. The STATUS field indicates if the benefit is in AUTHORIZED or ISSUED status.
4. The ADTC field indicates if the case is assigned to an Alcohol and Drug Treatment Center. If Y is displayed, another screen may be displayed by keying an S to the left of the county field for the benefit month benefit distribution. Benefit issuance is divided equally by three and are available on the 5th, 15th, and 25th of the month.

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502.14 SLNC - COMMON DATA NAME CHANGE

This screen is used to change demographic data for a non-SSI individual.

From the FOOD STAMP UPDATE MENU, select the SLNC transaction and press ENTER. The SLNC COMMON DATA NAME CHANGE screen is displayed. Detailed instructions are found in the FSIS Name/SSN Search/ID Assignment/Name Change Section.

SLNC / SLA985A	COMMON DATA NAME CHANGE	DATE: 02/05/01 TIME: 08:46:55
INDIVIDUAL ID: WORKER NUMBER:	CURRENT -----	CHANGE -----
SSN:		
FIRST NAME:		
MIDDLE NAME:		
LAST NAME:		
SUFFIX:		
DOB:		
RACE:		
SEX:		
SSI:		
EIS COUNTY:		
FIS COUNTY:		
ENTER INDIVIDUAL ID AND WORKER NUMBER		
ENTER-PROCESS REQUEST PF3-END PF5-REFRESH		

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502.15 SLNS - COMMON NAME DATA ENTRY SSN/NAME SEARCH

This screen is used to search the Common Name Database for an individual to determine if the individual is currently receiving assistance, has received assistance, or has not received assistance. Use this screen/process to assign individual ID numbers. You may also use this screen to determine the individuals associated with the FSIS Case by entering the FSIS Case ID number in the CASE ID field.

From the FOOD STAMP INQUIRY MENU, select transaction SLNS and Press ENTER. The following COMMON NAME DATA ENTRY SSN/NAME SEARCH screen is displayed. Detailed instructions are found in the FSIS Name/SSN Search/ID ASSIGNMENT/Name Change Section.

SLNS / SLA980A		COMMON NAME DATA ENTRY SSN/NAME SEARCH				DATE: 02/05/01 TIME: 08:22:05			
CASE ID:									
F	SSN	FIRST	M	LAST	SUF	DOB	S R CO	INDIVIDUAL	SSI
-	-----	-----	-	-----	---	-----	- - --	-----	---
ENTER CASE ID OR INDIVIDUAL DATA AND (S) TO NAME SEARCH F - (S)EARCH (A)SSIGN PF3-END PF5-REFRESH PF7-BACKWARD PF8-FORWARD									

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502.16 SLRT - FSIS MESSAGE ROUTING FACILITY

A. General Information

The screen is used to send a message in FSIS that is displayed on selected terminals or groups of terminals in the system. Selection can be by individual terminal ID, groups by Region, groups of terminals by type, on or more counties, or any combination. Message acknowledgement can be requested to a specific terminal, or by default, back to the sending terminal. The message sender receives confirmation of the message as it was sent (and as it appears to receiving terminals). The sender also receives a list of terminal numbers that will receive the message. In addition to the data provided by the sender, the message contains the date and time of the message and the terminal ID of the sender.

Messages can be sent from and be received on all FSIS terminals, and those EIS terminals connected for FSIS use. If an FSIS message is received on an EIS terminal, the terminal will automatically change from IMS to CICS. The terminal must then be signed off of CICS and signed back on to IMS. Other results of message reception depend on the status of the terminal:

1. If the terminal is signed on and in the middle of a transaction, the message is displayed once the transaction is finished.
2. If the terminal is signed on but not in a transaction, the message is displayed immediately.
3. If the terminal is not signed on, the receipt of the message causes it to be signed on automatically and the message is displayed.
4. If the terminal has received a previous message and is still on the screen, the second message is not displayed until the screen is cleared and ENTER pressed.

B. Screen Access

1. From the FOOD STAMP UPDATE MENU, select the SLRT transaction and press ENTER. The SLRT - FSIS MESSAGE ROUTING FACILITY screen is displayed.

[illegible]

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[illegible]

2. Screen field description:

- a. FROM, TO, SUBJ, and TEXT self explanatory.
- b. DESTINATION GROUP SPECIFICATIONS
 - 1. MASTER Designated to receive messages to prevent all terminals in a location from receiving messages. To change a master designation, contact the DHHS, Customer Support Center, at 919-733-9100.
 - 2. Issuance Designated for on-line issuance.
 - 3. Data Entry DMU terminals.
 - 4. Inquiry Designated for inquiry functions only.
 - 5. Coordinator State System Coordinators (919-733-9100)
 - 6. FSO&I Food Stamp Operations and Improvement Section
 - 7. Programmer Division of Information Resource Management (DIRM) Systems manager
 - 8. Eligibility EIS terminals

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9. State Office Designated State-level terminals
- c. REGION, COUNTY, AND TERMINAL SPECIFICATIONS (Other Destination Selections)
 1. Key the FROM Regional Regional Office terminals
 2. Regions Specified regions if entered receives the message.
 3. Counties Based on two-digit county number, all terminals receives the message.
 4. Terminals Specific terminals receive the message.
- d. If group and other destination selections are combined, both selection criteria are used to determine the receiving terminals. For example:
 1. Master and County XX selected only the designated master terminals in county XX receive the message.
 2. Master and Region X selected only the designated master terminals in Region X receive the message.
- e. ACKNOWLEDGEMENT Acknowledgement of a message can be requested by keying a Y in the field. If no acknowledgement is needed, you can enter an N or leave blank. If acknowledgement is selected, key the terminal ID number to receive the acknowledgement. If not keyed, FSIS inserts the sending terminal ID.
3. Key the FROM, TO, SUBJ, AND TEXT (desired message). Select the destination and indicate the acknowledgment. Press ENTER. The following screen is displayed with the heading and message that was entered and sent.

FSIS MESSAGE ROUTING FACILITY			
FROM: XXXXXXXXX	TERMID: @000	02/06/01	
TO: XXXXXXXXXX			10:53
SUBJ: XXXXXXXX			
XX.			

From this screen, press ENTER. The FOOD STAMP UPDATE MENU screen is displayed.

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502.17 SLSE - EBT STAMP STATUS SCREEN

This screen is used to authorize/issue food stamp benefits. The types of benefits that can be issued through the SLSE screen are initial, restored, or supplemental benefits. This screen may be used to cancel benefits that are in AUTHORIZED status and used to change the address of a closed/denied food stamp case. The updated address is changed on the master file and if an EBT account has been set up for the case, the new address is sent to Citibank. Detailed information is found in the EBT instructions of the users manual.

From the FOOD STAMP UPDATE MENU screen, select the SLSE transaction and press ENTER. A prompt is displayed to enter an FSIS Case ID number. Key the FSIS Case ID number and press ENTER. The following SLSE screen is displayed.

SLSE/SLA986A				EBT STAMP STATUS		
ID :	222222222			ISSUE CYCLE:	05	TYPE : 9
NAME :	TEST CASE			ACTION CODE: 00		
ADDRESS :	123 TEST ST					
	TEST CIT	NC	27603	TRANS CODE :	1	DATE : 012501
LAST AUTH:	092499			CERT FROM :	0000	TO : 0000
				AMOUNT :	0125	BEN MO: 0999
ISSUE STAMP REASON:				AMOUNT:	BEN MO:	AFFIDAVIT DATE:
CANCEL :						
AMOUNT	AUTH	BEN MO	TYPE	STATUS	ISSUED	
-----	-----	-----	-----	-----	-----	
0125	092499	0999	DIS	ISSUED	092499	
0119	091896	0996	INT	AUTHORIZED	091896	

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502.18 SLWV/SLWI – COUNTY WORKER NUMBER UPDATE/INQUIRY

These screens are used to identify valid worker numbers and names associated with the worker numbers in FSIS. The worker number must be listed in this table in order to be used in the SLUP/SLUO process. Sixty (60) caseworker numbers and names may be entered per screen. SLWV is the update transaction. SLWI is the inquiry transaction.

From the FOOD STAMP UPDATE MENU, select the SLWV transaction to display the SLWV - VALID WORKER NUMBER ENTRY screen. From the FOOD STAMP INQUIRY MENU, select the SLWI transaction to display the SLWI - FOOD STAMP WORKER NUMBER INQUIRY screen.

1. SLWV VALID WORKER NUMBER ENTRY

SLWV	VALID WORKER NUMBER ENTRY =====	02/06/01
<p>WORKER NUMBER</p> <p>WORKER NAME</p> <p>WORKER PHONE NUMBER - - EXT</p> <p>LAST UPDATE</p>		
<p>PRESS ENTER TO CHANGE PF2=DELETE PF3=END(NO UPDATE) PF4=ADD</p>		

- a. To add a new caseworker number and name, key
 1. WORKER NUMBER
 2. WORKER NAME
 3. WORKER PHONE NUMBER and EXT
 4. Press the PF4 (ADD) key. The system adds the new information and the screen is displayed again ready for the next action.

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5. Sixty (60) caseworker numbers and names may be entered per screen. Press ENTER if additional screens are needed.

- b. To delete a caseworker name and number, key the caseworker number and press ENTER. The number, name, and last update date is displayed if there is a record found. The message: *** PRESS ENTER FOR CHANGE OR PF2 TO DELETE *** is displayed at the bottom of the screen. Press the PF2 (DELETE) key. The caseworker number and name is deleted and the screen is displayed again ready for the next action.
- c. To change an existing caseworker name, key the caseworker number and press ENTER. The number, name, and last update date is displayed. The message: *** PRESS ENTER FOR CHANGE OR PF2 TO DELETE *** is displayed at the bottom of the screen. Key the new name over the old name and press ENTER. The caseworker name is updated and the screen is displayed again ready for the next action.

NOTE: THE CASEWORKER NUMBER CANNOT BE CHANGED; ONLY ADDED OR DELETED.

2. SLWI FOOD STAMP WORKER NUMBER INQUIRY

No entries can be made on this screen. This is an inquiry only function.

COUNTY XX	FOOD STAMP WORKER NUMBER INQUIRY	02/06/01
005 TEST WORKERONE	(919) 555-5000 EXT 5049	
032 TEST WORKERTWO	(919) 555-6301	
500 TEST WORKERTHREE	(919) 555-5000 EXT 5028	
501 TEST WORKERFOUR	(919) 555-5000 EXT 5033	
503 TEST WORKERFIVE	(919) 555-5000 EXT 5036	
*** NO MORE WORKERS FOR YOUR COUNTY ***		

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502.19 SLTR - TRANSACTION TRACKING INQUIRY

Transaction Tracking Inquiry (SLTR) allows transactions keyed through the SLUP/SLUO and SLSE functions to be viewed immediately after keying. The automated food stamp additions/changes may be viewed once the transaction has been received from the Eligibility Information System (EIS) and are identified by transactions SLA144 (new Automated Food Stamp cases) and SLA145 (changes to existing Automated Food Stamp cases, including the uncombine transaction). Up to 12 quarters of transactions will be available once the full 12 quarters of transactions are created. The transactions may be viewed by using the FSIS case ID number or the USER ID (RACF ID number). Transactions that are placed in hold status do not appear in Transaction Tracking Inquiry. Once the transaction is removed from hold status and processes, the transaction record is written to the Transaction Tracking Inquiry function.

From the FSIS Inquiry Menu, select the Transaction Tracking (SLTR) item and press ENTER. The following FOOD STAMP INFORMATION SYSTEM CICS - TRANSACTION TRACKING - SLTR Screen is displayed.

FOOD STAMP INFORMATION SYSTEM CICS - TRANSACTION TRACKING - SLTR)
FOR LAST 6 QUARTERS CASE INQUIRY - 999999999) PLEASE ENTER A 9 DIGIT CASE ID: _____
(FOR PRIOR TO LAST 6 QUARTERS CASE INQUIRY - 999999999HIST) PLEASE ENTER A 9 DIGIT CASE ID AND "HIST" _____
(FOR LAST 6 QUARTERS USERID INQUIRY - XXXXXXXX) PLEASE ENTER A 7 DIGIT USERID: _____
(FOR PRIOR TO LAST 6 QUARTERS USERID INQUIRY - XXXXXXXXHIST) PLEASE ENTER A 7 DIGIT USERID AND "HIST":_____
PF12=CANCEL "ENTER" KEY = CONTINUE

For further instructions, refer to the SLTR section of the user's manual.

503.01 GENERAL INSTRUCTIONS

A. Description Of the Food Stamp Information System (FSIS)

FSIS is a State-level computer system with direct access to the data base through one or more terminals in each county. This is a **real-time** system, meaning that data is not held in the system for later action but entered immediately into the computer master file data base. Some system actions are done on a nightly "batch run." For this reason, some case actions require data entry on two different days to allow time for the batch run to be made.

When a transaction is keyed on a weekend or holiday, the benefits, notices, etc. that are created in the normal nightly update are not updated until the next work night. For example, a TC2 (approval) is keyed on Saturday. The online data is updated with the transaction effective date of the next work day, and the notices, benefits etc. are generated the night of the transaction effective date.

When all required entries have been completed and no errors, a prompt is received to either press the PF2 to process the transaction, press the PF4 key to place the transaction in hold status (you may not place a TC1 in hold status), or to press the PF3 key to end the transaction. The prompt displays as: 'PRESS PF2 TO PROCESS, PRESS PF4 TO PUT FORM ON HOLD. PRESS PF3 TO CANCEL & EXIT'. Once the prompt has been received, no changes may be made to the transaction and the fields are protected.

B. Data Entry Documents

FSIS uses data entry documents referred to as:

1. Client Record, DSS-8590

Prior to keying the DSS-8590, a NAME/SOCIAL SECURITY NUMBER search is required for each individual that is to be included in the food stamp unit. This function is used to search the Common Name Database for existing Individual ID's and Individual ID assignment. An individual ID is required for each individual on the food stamp case. This function is also used to determine if an individual is active on a food stamp case.

Use the Client Record to enter all new cases into the system. Use the turnaround Client Record for all following actions. A county-level printer enables immediate printing of the turnaround Client Record on data entry.

- a. Use the DSS-8590 (SLUP or SLUO screens) to enter new cases, add individuals to active cases, close cases, recertify households, reopen closed cases, remove individuals from households, deny applications, and restoration of benefits.
- b. A turnaround DSS-8590 is produced immediately on the county-level printer update to reflect the keyed information and is mailed to the county the next workday.

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- c. A turnaround DSS-8590LF is produced when a mass change is completed or changes from EIS are received.
- d. A copy of the SLUP/SLUO, SLIN (Inquiry), and DSS-850 are found at the end of this section.

2. Transaction Authorization, DSS-8593

Use the Transaction Authorization to authorize an issuance of food stamps and to take other actions following the initial issuance, such as restoration of benefits or supplemental benefits. This transaction is also used to cancel an issuance if the benefit is in AUTHORIZED STATUS and to change the address for a closed or denied food stamp case. See Section 800 for further instructions.

C. Transaction Codes

A Transaction Code represents preprogrammed instructions to the system to accomplish a specific action. For example, TC 6 tells the system that a case is being recertified. The system then looks for a specific set of factors and takes the necessary action. Programming is different for each transaction code. When using Transaction Codes 5 and 7, the second and subsequent pages are not displayed. See Section 501 for further instructions for each transaction code.

503.02 AUTOMATIC SSN CHECK

The SSN check is completed at the time of Individual ID assignment or at the time the SSN is changed through the Name Change function. No Individual ID may be assigned with a SSN already present in the Common Name Database (CNDB) nor at the time a change is made through the Name Change Function.

503.03 AUTOMATIC DISQUALIFIED PERSON CHECK

FSIS performs automatically a file clearance of the disqualified recipient record and the disqualified persons tracking file. The intent of this check is to prevent disqualified persons from receiving food stamps during their disqualification period. The automatic check is complete:

- A. On Transaction Codes **2, 6, and 8**;
- B. When new members are added to the household; **and**
- C. When a SSN changes.

503.04 ADVERSE ACTION GUARD

When an adverse timely action notice has expired or if the adverse action requires an adequate notice, key an Adverse Action Code of A . If the Adverse Action Code of A is not keyed and the action causes a reduction in benefits, a message appears at the bottom of the screen NO UPDATE ACTION TAKEN, ADVERSE NOTICE REQUIRED; and field 79 contains a Z and all changed information with the next higher Client Record number on the DSS-8590.

If the information on the DSS-8590 causes a reduction in benefits or ineligibility, FSIS does not take any action without the Adverse Action Code "A." This is built in to allow for the appropriate timely notice.

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This field is protected when using Transaction Code 7.

503.05 VARIABLE BASIS OF ISSUANCE

Variable basis of issuance is a procedure used to issue the second month s benefits when the FSU:

- A. Is eligible for an allotment for the month of application and the following month; **and**
- B. Has a change in circumstances that requires a change be made to the second month s allotment.

To issue the variable allotment, issue the first month s allotment. Then issue the second month s allotment on the next day.

503.06 DESCRIPTION OF DSS-8590 FIELDS

- FIELD 1** Case Number - (System Generated)
- FIELD 2** Check Digit – (System Generated)
- FIELD 3** County - **Geographical** (2 Digits) - County Number Caseworker keys information.)
- FIELD 4** County - **Administrative** (2 Digits) (Caseworker keys information.) This field is used to specify a particular office with the county that administers the case.
- FIELD 5** Emergency Service (1 Digit) (Caseworker keys information.)

Manually Entered Codes

- 0** Not Emergency Service
- 1** Emergency service applications **without postponed** verification
- 2** Emergency service applications **with postponed** verification
- 3** Continues issuance when postponed verification is received. This code authorizes immediately the next month s benefits. Enter immediately Code **A** in **Field 79**, Adverse Action Guard, if the postponed verification results in reduced benefits.

IMPORTANT: When emergency service Code **1** and **3** are entered before the end of the first month, **do not** enter additional changes on the case until the second workday of the following month. The second month's issuance is generated in the normal issuance cycle. If changes are entered to the case prior to the issuance of the second month's benefits, the issuance is calculated incorrectly based on the changed data.

System Generated Emergency Service Codes

Response to Emergency Service Code 1

- Code 7** System generated for applications filed after the 15th of the month. It authorizes the second month's benefits in the normal

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issuance cycle. After the first month's issuance, Code 7 reverts to Code 1 and all following issuances are in the normal issuance cycle.

Response to Emergency Service Code 2

Code 4 System generated for applications filed on or before the 15th of the month.

Code 6 System generated code when Code 2 is entered for applications filed after the 15th of the month.

IMPORTANT: Codes 4 and 6 indicate that FSIS read and understood emergency service Code 2. It issues the first month s allotment and suspends further issuance until instructed to continue issuance.

Response to Emergency Service Code 3

Code 5 System generated for an emergency service case with an application date after the 15th of the month. It authorizes the second month s benefits in the normal issuance cycle. After the second month s issuance, Code 5 reverts to Code 3.

FIELD 6 Transaction Codes (1 Digit) – Caseworker keys information

For more detailed information for each transaction, see Section 501 (Transaction Code, Function, and Process

1 Use this code to register a new application. An application is considered "new" when the food stamp unit has no case history in FSIS.

NOTE: If an individual on the application is active in another food stamp case, a warning message is received.

2 Use this code to approve a new application. It is only allowable when the previous Transaction Code is a 1 or 3.

NOTE: If an individual on the application is active on another food stamp case, an error is received and the TC2 cannot be completed with that individual on the case.

3 Use this code to reopen a case which is closed in FSIS.

NOTE: If an individual on the application is active in another food stamp case, a warning message is received.

5 Use this code to manually deny an application on factors such as FSU composition or residence **and** when you determine annually a case is ineligible based on gross income and deductions.

6 Use this code to:

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1. Extend the through date on an open case at recertification;
 2. Make changes in conjunction with the extension; **or**
 3. Close a case on any factor at recertification.
- 7** Use this code to terminate a case for any reason at any time during a certification period. This code along with the appropriate action code entered in **Field 7** is used to terminate a case receiving benefits or to close a case suspended by FSIS.
- 8** Use this code to make a change to an active case. **Do not** use at recertification.
- 9** Use this code to restore benefits.

FIELD 7 Action Codes (2 Digits) Caseworker keys information.

Residence

Use With Transaction Code 5, 6, or 7.

- 01 Out of county (If the certification period has expired, use Action Code **25** or **48**.)
- 02 Out of state (If the certification period has expired, use Action Code **25** or **48**.)

FSU Composition

Use With Transaction Code 5, 6, or 7.

- 06 Ineligible due to FSU composition definition
- 12 Institutionalized/incarcerated

Striker

Use With Transaction Code 5, 6, or 7.

- 33 FSU ineligible due to striker

Voluntary Quit

Use With Transaction Code 5, 6, or 7.

- 27 The principal wage earner voluntarily quit (FSIS automated notice does not include the disqualification period.)

Ineligible Student

Use With Transaction Code 5, 6, or 7.

- 28 Ineligible student

Work Registration

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Use With Transaction Codes Shown In ().

- 20 Principal wage earner refused to register for work (5, 6, or 7)
- 21 FSU disqualified for refusal to comply with Workfare requirements (6 or 7)
- 23 FSU disqualified for refusal to comply with Workfare requirements (5)
- 42 Requested withdrawal from the program rather than comply with Workfare requirements (6 or 7)
- 43 Requested withdrawal of the application prior to certification rather than comply with Workfare requirements (5)
- 49 Principal wage earner failed/refused to comply with E&T requirements (5, 6, or 7)

Resources

Use With Transaction Code Shown In ().

- 04 **Excess** resources (Not related to a vehicle) (5, 6, or 7)
Use this code to deny or terminate a case due to excess resources not related to a vehicle.
- 09 **Excess** resources (Other than licensed vehicles.)
Use this code to deny or terminate a case when the value of an unlicensed vehicle, or the value of an unlicensed vehicle when added to other resources, is the reason for excess resources. (See 69 below.) (5, 6 or 7)
- 22 Transfer of resources with intent to become eligible (5, 6, or 7)
- 40 FSIS generates this suspense code when a non-categorically eligible case is suspended for excess resource.
Terminate the case with a Transaction Code 6 or 7. Use Action Code 09 or 69.
- 69 EXCESS resources (Other than unlicensed vehicles.)
Use this code to terminate a case suspended with Action Code 40 (6 or 7).
Use this code to deny or terminate a case when the value of a licensed vehicle, or the value of a licensed vehicle when added to other resources, is the reason for excess resources

Income

Use With Transaction Codes Shown In ().

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- 05 **Excess net** income at time of application, recertification, or change within the certification period

*Use with Transaction Code **6** or **7** to terminate case when it is suspended with Action code **30**. Refer to Adverse Action Guard, Field **79**.*
- 07 **Net** income results in benefits less than \$1.00

*Use with Transaction Code **6** or **7** to terminate a case suspended with Action Code **32**. Refer to Adverse Action Guard, Field **79**.*
- 08 **Excess gross** income

*To terminate a case suspended with Action Code **29**, use Transaction Code **6** or **7**. Refer to Adverse Action Guard, Field **79**.*

*To deny manually an initial application, use Transaction Code **5**.*
- 29 FSIS generates this suspense code when a **non-categorically** eligible case is suspended for excess gross income.

*Close the case with Transaction code **6** or **7** using Action Code **08** or **44**.*
- 30 FSIS generates this suspense code when a **non-categorically** eligible case is suspended for excess net income.

*Close the case with a Transaction Code **6** or **7** using Action Code **05** or **44**.*
- 44 **Excess net** or **gross** income at the time of application, recertification, **or** change within the certification period as a result of paid employment for a Workfare participant.

*Use with Transaction Code **6** or **7** to terminate a case suspended with Action Code **29** or **30**. Refer to Adverse Action Guard, Field **79**.*
- 47 FSIS generates this suspense code when a **three or more person** categorically eligible food stamp unit is suspended because **net** income results in an allotment less than \$1.00.

Refusal to Cooperate

Use With Transaction Codes Shown In ().

- 10 Refusal to cooperate other than with Quality Control Review (**5, 6, or 7**)
- 19 Refusal to cooperate with Quality Control Review (**6 or 7**)

Request Withdrawal/Termination

Use With Transaction Codes Shown In ().

- 03 Request termination (**7**)

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- 11 Request withdrawal prior to certification (5 or 6)
- 43 Requested withdrawal of the application prior to certification rather than comply with Workfare requirements (5)
- 45 Request withdrawal rather than comply with IEVS requirements (6 or 7)
- 46 Request application withdrawal prior to certification rather than comply with IEVS requirement - (5)

Reopenings/Reinstatement

Use With Transaction Codes Shown In ().

- 16 Application opened in error. This applies only to initial applications.
Use only with Transaction Code 5 to delete incorrect information entered at initial application.
- 31 Reopen closed case. A reopened case is defined as a case that has been previously active in FSIS. Use this code for a recertification reopening in the second month after the certification period expires. The CP Counter is reset when the case is reopened with this action code. (3)
- 35 Use this code to reinstate a FSU that appeals and is found to have good cause for appealing during the advance notice period. Also use this code to correct an error which would result in issuance of benefits on a case which was closed erroneously. The CP Counter is reset when the case is reopened with this action code. (3)
- 50 Recertification reopening for the month after the certification period expires. The CP counter is not reset when the case is reopened with this action code. (3)

Other

Use With Transaction Codes Shown In ().

- 13 Unable to locate client for interview (5, 6, or 7)
- 14 Failed to provide verification (6 or 7)
- 17 Change in State law or agency policy (5, 6, or 7)
- 18 Originally ineligible for recertification (6 or 7)
- 24 Death (5, 6, or 7)
- 25 Failed to reapply (7)
*Always use this code to close a **non-categorically** eligible case in which the certification period has expired, and there is no pending application for recertification. This is also a FSIS generated code shown on the DSS-8590 produced at the end of the 30 days suspense period. (Code 48 applies to categorically eligible cases.)*

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- 26 Other (5, 6, or 7)
- 32 FSIS generates this suspense code for **non-categorically** eligible FSU s of more than two persons when benefits are calculated to be less than \$1.00. This code is also generated when the only person in a non-categorically eligible case is disqualified.
- Close the case with a Transaction Code 6 or 7. Use Action Code 07.*
- 48 FSIS generates this termination code when terminating a suspended categorically eligible food stamp unit that is in suspense one month past the certified "through" date. Enter this code manually to terminate a suspended categorically eligible FSU that moves out of the county or state. Action Code 25 applies to non-categorically eligible FSU s.
- 71 All food stamp members are ineligible ABAWD'S (5,6,7)
- NOTE:** To use this code, all persons on the case must contain a dependent relationship code of 'J'.

Application/Denial

Use With Transaction Codes Shown In ().

- 36 Denied at 30 calendar days from date of application because required information is not provided (5)
- 37 Denied at 60 calendar days from the date of application because the case file is not complete enough for an eligibility decision, county delay (5)
- 38 Denied at 30 calendar days from date of application for failure to appear at two scheduled interviews (5 or 6)
- 39 Denied at 60 calendar days from the date of application because the FSU does not provide required information. (5)

FIELD 8 **Application Date** (6 Digits, MMDDYY) Caseworker keys information. The date the signed application is received in the county department of social services. This date is entered with Transaction Code 1, 3, or 6. The date may be the same date when using a TC6 for quarterly recertifications.

FIELD 9 **Transaction Effective Date** (6 Digits, MM/DD/YY) - System generated. This is the date the transaction is keyed, when data is updated from EIS, name change, or SLSE transaction.

FIELD 10 **Beginning Certification Period** (4 Digits) Caseworker keys information. Enter the beginning month and year of the certification period (MMYY).

FIELD 11 **Ending Certification Period** (4 Digits) Caseworker keys information. Enter the ending month and year of the certification period (MMYY).

FIELD 12 **Sex/Race** (2 Digits) Caseworker keys information.

Male

Female

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11 White, Not of Hispanic Origin

21

A person having origins in any of the original people of Europe, North Africa, or the Middle East. This area includes, for example, Germany, England, Egypt, Iran, and Iraq.

12 Hispanic

22

A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

13 American Indian (Off reservation)

23

A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

14 Asian or Pacific Islander

24

A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, Tonga, and India.

15 Black, Not of Hispanic Origin

25

A person having origins in any of the black racial groups of Africa.

16 American Indian (On reservation)

26

Same as 13 and 23 above, but residing on a reservation.

FIELD 13

Exclusion From The Three Month Mail-in Recertification Process - (1 Digit)
Caseworker keys information. Enter the appropriate code listed below to exclude all migrant/seasonal farmworker and homeless FSU s from the three month mail-in recertification process for cases with fluctuating income.

- E Migrant/seasonal farm worker FSU**
- H Homeless FSU**
- O (Zero) Delete above codes**

FIELD 14

Start Issuance (4 Digits, MMY) Caseworker keys information. Enter the month and year for which issuance is authorized. For a TC2, this can be the previous month, the current month, or the next month. For a TC6 and TC8, this can only be the current month or the next month. Entry is not allowed with other transaction codes. If a DSS-8593 is used to issue the initial allotments, you must advance the start issuance date.

FIELD 15

Food Stamp Unit Type (Household Type) (1 Digit) Caseworker keys information. This code is a required entry for all Transaction Code **1's** *and* an allowed entry for Transaction Codes **3** and **5**. This field is protected for Transaction Codes 2, 6, 7, 8, and 9.

Based on the information keyed, FSIS updates the Household Type to the appropriate type.

Type 1 – Categorically Eligible Household

The household type is **1** when at least one individual on the food stamp case contains a Work First applicant/recipient (PA Income Type = **A** , **C** , **F** , **H** , **K** ,

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or M) **and** no individual contains a dependent relationship code of D , F , G , P , Q , T , or W **and** no individual contains an Authorized Services Indicator (ASI field 80I). .

Type 2 - Non-Categorically Eligible Household

The household type is 2 if any individual on the food stamp case contains a dependent relationship code of D , F , G , P , Q , T , or W or does not meet one of the categorically eligible household types.

Type 3- Categorically Eligible Household

The household type is 3 when all the individuals on the food stamp case contains SSI income (PA Income Type = G or L) **and** no individual contains an ASI indicator **and** does not contain a dependent relationship code of D , F , G , P , Q , T , or W .

Type 4 – Categorically Eligible Household

The household type is 4 when at least one individual on the food stamp case contains an ASI indicator of N , S , or B and no individual on the case contains a dependent relationship code of D , F , G , P , Q , T , or W .

FIELD 16 Type Issuance (1 Digit) Caseworker keys information.

- 3 The county DSS address is sent to Citibank, and the EBT card is mailed to the dss office.
- 9 The EBT card is mailed to the FSU address.
- 8 Stop issuance

IMPORTANT: Code 8 stops the issuance of benefits. To stop a regular monthly issuance, key this code into FSIS before the close of business on the last workday of the month. When this code is replaced by one of the other codes, an issuance due the FSU is generated that night. This includes issuances from prior month(s) if prior month(s) issuances were stopped. **If you do not want prior month issuances generated, change the start issue month in Field 14 to the current month or to the next month.**

FIELD 17 Reserved (Make no entry)

FIELD 18 Caseload Number (3 Digits) Caseworker keys information. Use of this field is optional. This field may be used to identify groups of caseworkers and cases under a specific supervisor.

FIELD 19 Worker Number (3 Digits) Caseworker keys information. Caseworker number to which the case is assigned. Use leading zeros, if less than three digits.

FIELD 20 Temporary Worker Number (3 Digits) Caseworker keys information. This number identifies someone other than the regular caseworker completing a particular action.

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- FIELD 21** **Client Record Number** (3 Digits) System generated. The record number is updated to the next sequential number when a transaction is keyed and when there is a mass change.
- FIELD 22** Reserved (Make no entry)
- FIELD 23** **WFFA County Case Number 1** (6 Digits) Caseworker keys information. Enter the complete Work First county case number. Enter any combination of letters or numbers with leading zeros to complete 6 digits. Complete when there is no WFFA amount, and persons in **Field 80G** are coded either **F, H, or K** and when there is a WFFA amount and persons are coded **C or M**.
- IMPORTANT:** If a case is reopened in another county, WFFA numbers in **Fields 23, 25, and 27** are removed. This allows entry of different WFFA numbers if WFFA income is entered in **Field 80G**.
- FIELDS 24, 26, AND 28** **Reserved** (Make no entry)

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FIELD 25 **WFFA County Case Number 2** (6 Digits) Caseworker keys information. Use the same instructions as **Field 23** except **Field 25** is for the **second** WFFA amount.

FIELD 27 **WFFA County Case Number 3** (6 Digits) Caseworker keys information.) Use the same instructions as **Field 23** except **Field 27** is for the **third** WFFA amount. FSIS does not accept any other sequence for WFFA county case numbers.

FIELD 29 **Food Stamp County Case Number** (7 Digits) Caseworker keys information. Use this field to provide a cross reference to current county case numbers or food stamp numbers. Enter any combination of letters or numbers. Use leading zeros if less than 7 digits.

FIELD 30 **Vulnerability Status/Fuel Type** (2 characters) Caseworker keys information. Always enter vulnerability status code first. This field is a mandatory entry for Transaction Code 2 (TC2) and for Transaction Code 6 (TC6) if the field is showing 00 (zeroes) is displayed.

<u>VULNERABILITY STATUS</u> <u>(1st Digit)</u>		<u>FUEL TYPE</u> <u>(2ND Digit)</u>	
V	Fully Vulnerable	F	Fuel Oil
N	Not Vulnerable	N	Natural Gas
		W	Wood
		L	LP Gas
		E	Electricity
		C	Coal
		K	Kerosene
		0	Zero Not Vulnerable

FIELD 31 **Employment and Training (E&T)** Caseworker keys information. This field applies to *E&T* Counties. Entry is allowed on Transaction Code **8** only. Transaction Code **3** removes this information; the DSS-8590 shows a space. Screens **SLUP** and **SLIN** display this field.

1. Enter "**X**" when a Notice of Adverse Action is sent for failure to complete E&T requirements.
2. Enter "**Y**" when a Notice of Effect of Change is sent for failure to comply with E&T requirements.
3. Enter "**D**" to remove an "**X**" or "**Y**" entered in error.

FIELD 32 **No. In Home** (2 digits - use leading zero) Caseworker keys information. Enter the total number of individuals in the household.

FIELD 33 **Address Line 1** (Street address or PO Box) Caseworker keys information.

FIELD 34 **Address Line 2** (Additional address information) Caseworker keys information.

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IMPORTANT: Fields 33 and 34 accept 20 characters including spaces. Regardless, always use the standard abbreviations below, even if more space is available. For abbreviations not listed, consult lists in the USPS Zip Code Directory or call the local post office.

Address information is normally entered on Address Line 1. Address Line 2 is not used unless necessary in certain cases. When two address lines are needed, use Line 2 to show the location to which the Postal Service delivers mail. For example, enter an apartment number on Line 1 and the Street Address of the apartment house on Line 2.

When mail is sent in care of another person, enter the person's name on Line 1 and complete address information on Line 2.

Numeric street addresses are written with a number and the two letter ending. For example, 2nd, 3rd, 4th, etc.

STANDARD ABBREVIATIONS

Air Force Base	AFB	General Delivery	GEN DEL
Alley	ALY	Grove	GRV
Apartment	APT	Heights	HTS
Avenue	AVE	Highway	HWY
Beach	BCH	In care of	C/O
Block	BLK	Lane	LN
Boulevard	BLVD	Lot	LT
Box	BOX	Mobile Home Park	MHP
Brook	BRK	Mobile Home Village	MHV
Building	BLDG	North West, etc.	N, W, etc.
Cape	CPE	Northwest	NW, etc.
Center	CTR	Parkway	PKY
Circle	CIR	Place	PL
City	CY	Point	PT
Corner(s)	COR(S)	Post Office	PO
Court	CT	Road	RD
Creek	CRK	Route	RT
Drive	DR	Terrace	TER
Extension	EXT	Trailer Park	TRLR PK

FIELD 35 **City and State** – Caseworker keys information. Follow the city with one blank space, then use the proper two letter state abbreviation. **Do not** punctuate, including hyphens. For example, Winston-Salem is entered as WINSTON SALE Use no more than 12 spaces.

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<u>Cities</u>			
Mountain	(as in Kings Mountain)	KINGS	<u>MTN</u>
Mount	(as in Rocky Mount)	ROCKY	<u>MT</u>
ville	(as in Wrightsville)	WRIGHTSVL	
Beach	(as in Carolina Beach)	CAROLINA	<u>BCH</u>
town	(as in Elizabethtown)	ELIZABETH	<u>TWN</u>
Rapids	(as in Roanoke Rapids)	ROANOKE	<u>RPDS</u>
Neck	(as in Scotland Neck)	SCOTLAND	<u>NCK</u>
Ferry	(as in Sneads Ferry)	SNEADS	<u>FRY</u>
<u>States</u>			
North Carolina	NC	Georgia	GA
South Carolina	SC	Virginia	VA
Tennessee	TN		

NOTE: When any portion of an address is changed using Transaction Code **6** or **8**, entries for shelter costs in Fields “**41, 42, 43, 45, and 46**” are required. The entries can be the same amount, different amounts, or zeros.

Warning Messages

Warning messages are displayed when the street address or city is questionable. If the questionable address information is correct, press ENTER to continue processing. If the questionable information is incorrect, correct the questionable information, and press ENTER to continue processing.

Error Messages

Error messages are displayed when:

1. The address fields are left blank.
2. The state code is **not** NC, SC, TN, VA, or GA.
3. The zip code is not a valid zip code for the state code entered.

Correct the error and press ENTER to continue processing.

Address and Streamweaver Process

All notices, quarterly reports, etc. are sent through an address system entitled Streamweaver. This is a Post Office database. Streamweaver processes and matches with the address that is in the database. If the address is not listed in the database, Streamweaver changes the address on the document to the closest match it finds. The address is **not** changed on the food stamp case. If the address has been changed on the mail documents, please contact your local post office for the correct address listing.

FIELD 36 Zip Code (5 Digits) Caseworker keys information. Enter Zip code.

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FIELD 37	# REQ MBRS (2 Digits - use leading zeros) Caseworker keys information. Enter total number of people who are to be included on the FS case. This includes disqualified household members, roomers, and boarders.	
FIELD 38	Total Included In Certification - System generated based on persons coded I in the field 80K.	
FIELD 38A	PA Recipients - System generated based on entries in fields 80G and 80K . The number displayed in this field is determined by the number of individuals on the food stamp case containing A, C, M, F, H, K, G, or L in field 80G (PA/SSI Income) and each individual with the PA/SSI income contains an "I" in field 80K (Dependent Relationship).	
FIELD 39	Resources (5 Digits for dollars and 2 Digits for cents. Use leading zeros, 0000000.) Caseworker keys information. Enter total reserve amount in dollars and cents. For example, \$500.00 would be entered 0050000.	
FIELD 39A	Prorated Allotment - System generated. The prorated allotment is entered when proration is applied to the initial issuance by the system. If the prorated allotment is zero, zeros are displayed in this field.	
FIELD 39B	Delayed Processing (1 Digit) Caseworker keys information. Enter "X" when the application is processed after the 30 day processing standard, and the processing delay is a result of regulatory requirement.	
FIELD 39C	(1 Digit) Caseworker keys information. Enter an "S" in this field to ensure a pure SSI FSU receives the proper notice of expiration (DSS-2435-SSI). An 'A' is displayed when the case is an automated food stamp case. Worker does not key an 'A'.	
FIELD 39D	Reserved (Make no entry.)	
FIELD 40	No Proration (1 Digit) Caseworker keys information. Enter "N" in this field to prevent the system from prorating the initial issuance. The code remains in FSIS until you delete it. This field is limited to the use of Transaction Codes 2, 6, and 8 . Note: Use of Transaction code 3 removes this information. .	
FIELD 41	Rent/Mortgage (5 Digits, 00000) Caseworker keys information. Enter the monthly cost of rent and/or mortgage payment, in dollars and cents format. Include in this field the costs of the rental space or lot rent for mobile homes. If none, make no entry. For example, \$250.00 would be entered as 25000.	
FIELD 42	Real Estate Taxes (5 Digits, 00000) Caseworker keys information. Enter the monthly cost of real estate taxes, in dollars and cents format on the residence occupied by the FSU. If none, make no entry. For example, \$50.00 would be entered as 05000.	
FIELD 43	Household Insurance (5 digits, 00000) Caseworker keys information. Enter the monthly cost of insurance, in dollars and cents format, on the residence occupied by the FSU. If none, make no entry. For Example \$50.00 would be entered as 05000.	

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FIELD 44 **Utilities** (5 Digits, 00000) Caseworker keys information. Enter amount in dollars and cents format, if **Field 45** is coded **2, 3, or 6**. **For Example, \$150.00 would be entered as 15000.**

FIELD 45 **Type** (1 Digit) Caseworker keys information.

0	No utility expense
1	Standard Utility Allowance
2	Actual Utility Amount, complete Field 44
3	Prorated Standard Utility Allowance, complete Field 44
5	Basic Utility Allowance
6	Prorated Basic Utility Allowance, complete Field 44

FIELD 46 **Other Expenses** (5 Digit, 00000) Caseworker keys information. Enter other monthly expenses, in dollars and cents format, such as fees charged by utility companies for initial installation, for the remainder of housing costs exceeding \$999.99. If none, make no entry. For example, \$50.00 would be entered as 05000.

FIELD 47 **Total Shelter** - System generated

Field 47A **QR Cert (CP Counter) – System Generated**

The CP counter is set based on income and income type code. If the case contains fluctuating income, a quarterly report is sent to the client when the CP counter is 1, 2, or 3. When the CP counter is 4, a notice of expiration is sent to the county. The CP counter is set/updated as outlined below:

1. Transaction Code 2 (TC2) The CP counter is set when a TC2 is completed that includes fluctuating income and fluctuating income type. If the fluctuating income is OTHER income, you must key the TYPE 2 fluctuating income code.

Note: If the TC2 is completed for a case reopened with an ACTION CODE 50, the CP counter that was displayed on the case at the time of closure is not removed; however, if the ACTION CODE is any other, the CP counter is reset to zero (0).

2. Transaction Code 6 (TC6) The CP counter is set by 1 when a TC6 is completed, the CERT-FROM Date is changed, and the case still includes fluctuating income or fluctuating income has just been entered. If the CP counter is currently 4 and the case still includes fluctuating income, the CP counter is reset to 1. If the CP counter is 0 and fluctuating income is entered, the CP counter is set to 1. If fluctuating income is removed, the CP counter is set to ' 0.

3. Transaction Code 8 (TC8) The CP counter is not set to 1 to begin quarterly reports when a TC8 is completed to include fluctuating income. You must shorten the certification period. The CP counter is

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reset to zero (0) when a TC8 is completed to **remove** fluctuating income.

4. The CP counter is not updated if the MRRB status is E or H or the simplified project code is S or A .

FIELD 47B Face-To-Face Interview (2 Digits, MM) Caseworker keys information. **Use this field for quarterly recertification cases only.** Enter the first month of the new certification period when an interview is completed at initial application or full recertification. FSIS sends a DSS-8594 to the county to complete a full recertification at least once every twelve months. Remove the entry when the case is removed from the quarterly recertification process.

FIELDS 48-54 System generated

FIELDS 55 Dependent Care - System generated

FIELD 56 Medical (4 Digits, use leading zeros.) Caseworker keys information. Enter the actual monthly amount of total allowable medical expenses rounded to the nearest whole dollar. An entry is required only when a member of the FSU qualifies for the medical deduction. FSIS deducts automatically the threshold amount and allows the appropriate deduction if entries in field 80 indicate age 60 or older or disabled status. If the specified person has no medical expenses, enter "0000."

Entry is required for transaction code 6 (TC6) when one of the following conditions is met:

1. At least one individual is age 60 or older and field 80K is code I or D.
2. At least one individual is coded I or D in field 80K and is coded K, L, or M in field 80E.
3. At least one individual is coded I or D in field 80K and is coded I or D in field 80K and is coded G or L in field 80G.
4. None of the above applies, but an individual is coded M in field 80K.

If one of these conditions is met and no entry is made when missing: "MEDICAL EXPENSE MUST BE ENTERED".

FIELD 57 Excess Shelter - System generated. FSIS allows the appropriate amount depending on age or disable status.

FIELD 58 Expense Deduction - System generated.

If the total expense is more than \$999, this field displays 999. However, the correct amount is deducted.

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FIELD 59 **Net Adjusted Income** - System generated.

Field 54 minus Field 58.

FIELD 60 **Claim Indicator** (1 Digit) System generated.

- A Administrative Error System calculates the recoupment.
- C FSIS generates when a claim is entered in Enterprise Program Integrity Control System (EPICS) **with an outstanding balance but not eligible for recoupment.**
- H Inadvertent Household Error - System calculates the recoupment.
- 0 System enter zero when claim balance is zero.
- V Intentional Program Violation - System calculates the recoupment.

This field is updated automatically by FSIS when information is received from EPICS.

FIELD 61 **TFP** - System generated (Thrifty Food Plan) Maximum allotment for indicated members.

FIELD 62 **Benefit Reduction** System Generated. This is a percentage income reduction applied to determine the allotment amount. When food stamp regulations require a \$10 allotment, this field is adjusted to an amount which would allow the \$10 allotment.

FIELD 63 **Retroactive Adjustment** (4 Digits, use leading zeros.) Caseworker keys information. Enter the amount calculated manually in SLAW, including proration when necessary. If there is no adjustment, leave **Fields 63** and **64** blank. If you make an entry in this field, you must enter Reason Code **02** in **Field 64**, and must be completed the same day the new case is entered in FSIS. .

FIELD 64 **Retroactive Codes** (2 Digits) Caseworker keys information.

02 Retroactive Benefits (Only complete when an entry is made in **Field 63**.)

FIELD 65 **Claim Collection** (4 Digits, use leading zeros) System generated.

This field is updated automatically by FSIS when information is received from EPICS.

Claim Code 'A' and 'H':

The claim amount is 10% or \$10 whichever is greater. FSIS calculates this amount by subtracting the benefit reduction amount from the thrifty food plan (TFP) and takes 10% of that amount. If the percentage is less than \$10, the system uses \$10. For example,

TFP	=	\$135
Benefit Reduction Amount	=	-102
		33

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10% of \$33 = \$3.30 which is less than \$10. \$10 is the claim amount used and is deducted from \$33. The allotment amount in this example is \$33 - 10 = \$23.

Claim Code 'V':

The claim amount is 20% or \$20 whichever is greater. FSIS calculates this amount by subtracting the benefit reduction amount from the thrifty food plan (TFP) and takes 10% of that amount. If the percentage is less than \$10, the system uses \$10. For example,

TFP	=	\$135
Benefit Reduction Amount	=	- 102
		33

20% of \$33 = 6.60 which is less than \$20. \$20 is the claim amount used and is deducted from \$33. The allotment amount in this example is \$33 - 20 = \$13.

FIELD 66 Allotment - System generated. The benefit amount the household is eligible to receive after the adjustments in fields **62,63**, and **65**. If this should be 1,3, or 5 dollars, FSIS rounds field **66** up to 2,4, or 6 dollars respectively.

FIELDS 67-72 Denominations - System generated.

FIELDS 73-76 Review For Change – Caseworker keys information. Use the "Review for Change" Field to alert for anticipated changes during the certification period. This code is used to generate an "X" indicator on the Redeterminations Due/Review for Change Report. The indicator appears on the report the month prior to the month the review for change is due. The indicator continues to appear on the report until it is deleted from the DSS-8590.

FIELD 73 Date (4 Digits, MMY) Caseworker keys information. Enter the month and year (MMYY) in which a change is anticipated during the "*certification period*."

FIELD 74 Review For Change (1 Digit) Caseworker keys information

A	Change based on <i>age</i> (member becomes 18 or 60)
B	Review for <i>boarder</i> status
D	Deduction change
E	Seasonal employment starts or ends
N	Number of persons change (<i>FSU composition</i>)
O	Other
P	<i>Disqualified</i> for IPV or workfare
R	<i>WFFA</i> Review data
S	<i>Student</i> status may end
V	Variable <i>income</i>
W	Work Registration

FIELDS 75-76 Review For Change- Caseworker keys information. Complete if there is another change anticipated during the certification period. Follow instructions for **Fields 73** and **74**.

FIELD 77 Reserved (Make no entry.)

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FIELD 78 **Previous Case Number** (9 Digits, 000000000) Caseworker keys information. Previous case number.

FIELD 79 **Adverse Action Guard** (1 Digit) Caseworker keys information. Use this field only with Transaction Code **6** or **8** and only for those cases which are certified beyond the month in which these transaction codes are entered into FSIS.

A Override
Z No update (FSIS generated)

FIELD 80 **FSU Member Information**
(A-P)

General Information

An Individual ID number is required for each food stamp member prior to keying the DSS-8590. Key the FSU member individual ID number in field **80L** by ID. This is a nine numeric and one alpha character number. Do not key any demographic data for the individual. Based on the ID number keyed, the demographic data from the Common Name Database (CNDB) is brought forward. If any demographic data is incorrect, use the Name Change Function (SLNC) to correct.

1. Enter the head of the FSU first (member **01**); then enter other members. No special order is necessary.
2. Enter the Individual ID in the ID field of **80L** for all persons on the food stamp case.
3. When entries are required, enter leading zeros in **Fields 80F-80J**. Leave blank whenever entries for income and related codes are unnecessary. When there is no entry, FSIS automatically enters zeros in these fields on the DSS-8590.

FIELD 80A **Member Number** (2 Digits, use leading zeros) (00)

Number the persons in the home in sequential order (01, 02, 03, etc.). Always number the head of the FSU as member 01.

FIELD 80B **Social Security Number** (9 Digits, 000000000)

Do not enter the SSN. The SSN is brought forward from the CNDB. At the end of the social security number field, enter one of the following codes in the “**Ver**” space:

P Verification of SSN is pending.
V Verification of the SSN received.

NOTE: Code **P** is the only allowable entry when a SSN is not assigned.

FIELD 80C **Member Name**

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Do NOT enter the individual s name. The name is brought forward from the CNDB.

Field 80D Date of Birth (7 Digits, MMDDYYYY)/Medical Expense (1 Digit)

1. Do not enter the individual s date of birth. The date of birth is brought forward from the CNDB.
2. Enter one of the following codes for each FSU member coded **I, D, M,** or **W** in **Field 80K**. An entry is required.
 - A** Member pays neither a Medicare premium nor private health insurance.
 - B** Member pays standard Medicare premium.
 - C** Member pays nonstandard Medicare premium and also pays for private health insurance.
 - D** Member pays standard Medicare premium and pays for private health insurance.
 - E** Member pays for private health insurance only; or member has Medicare or Medicaid and pays for private health insurance.
 - G** Medicare premium is paid by the State.

FIELD 80E Work Registration/Workfare Registration (1 Character or 2 digit code)
Enter the applicable code from those listed below for each member of the FSU. Use of some codes is restricted based on the work registration category of the county.

- | | | |
|----|--------------------------|-----------------------------|
| 1. | E&T Counties | Go to Table 1 below. |
| 2. | Workfare Counties | Go to Table 2 below. |
| 3. | Remote Counties | Go to Table 3 below. |
| 4. | ABAWD | Go to Table 4 below. |

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CLIENT RECORD DSS-8590 INSTRUCTIONS

September 1, 2001

Table 1 Employment & Training Counties Code R is not allowed when Field 5 is code 2 .	
A	Under age 16 or over age 60.
B	Mentally or physically disabled, including persons receiving VA disability classified unemployable, but not 100 percent service or non-service connected. This code does not allow a medical deduction or an uncapped shelter deduction.
C	Cares for child under age 6 or incapacitated person.
D	16 or 17 year old head of household who is in school or enrolled in E&T component on at least a half-time basis.
E	WFFA applicant or recipient in a JOBS county.
F	Applied for or receives unemployment compensation.
G	Participates in drug or alcoholic treatment program.
H	Works at least 30 hours per week or receives weekly earnings equal to federal minimum wage x 30. Use of this code requires an earned income type to be entered in Field 80F.
I	Exempt student.
K	A disabled person who meets the definition of a <i>specified person</i> in the Certification Manual. This code indicates exemption from work registration requirements and allows a medical deduction and an uncapped shelter deduction. This code requires entry of social security income in Field 80H, other income type codes A, B, M, or P in Field 80J, or PA income type codes G or L in Field 80G.
L	Expected to participate for 30 days or less.
M	Referred from ESC as Not Job Ready emergency situation
N	Not included in Certification. Use of this code must be consistent with the code entered in Field 80K.
R	Registered (Not applicable in Workfare counties; not allowed in E&T counties if the case is Emergency Code 2).
T	Volunteers for participation in an approved E&T component.
U	Homeless individual.
V	Use this code as an exempt code when there is no other applicable code.
W	Migrant and seasonal farm worker required to register but not referred to ESC for participation in an E&T component.
X	Member whose physical or mental condition represents a significant impediment to employment.
Y	Member required to register but not referred to ESC due to lack of access to transportation.
Z	Member required to register but not referred to ESC due to an emergency situation.

Change # 1-2001 CLIENT RECORD DSS-8590 INSTRUCTIONS September 1, 2001

Table 2 Workfare Counties	
A	Under age 16 or over age 60.
B	Mentally or physically disabled, including person receiving VA disability classified unemployable, but not 100 percent service or non-service connected. This code does not allow a medical deduction or an uncapped shelter deduction.
C	Cares for child under age 6 or incapacitated person.
D	16 or 17 year old head of household who is in school or enrolled in E&T component on at least a half-time basis.
E	WFFA applicant or recipient in a JOBS county.
G	Participates in drug or alcoholic treatment program.
H	Works at least 30 hours per week or receives weekly earnings equal to federal minimum wage x 30. Use of this code requires an earned income type to be entered in Field 80F.
I	Exempt student.
K	A disabled person who meets the definition of a <i>specified person</i> in the Certification Manual. This code indicates exemption from work registration requirements and allows the medical deduction and uncapped shelter deduction. This code requires entry of a social security income in Field 80H, other income type codes A, B, M, or P in Field 80J, or PA income type codes G or L in Field 80G.
N	Not included in certification use of this code. Must be consistent with the code entered in field 80K.
P	Workfare participant with or without earnings prior to workfare registration.
S	Workfare participant who begins new or different job, enters new FSU, or workfare-paid employment increases or decreases.
V	Use this code as an exempt code when there is no other applicable code.

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CLIENT RECORD DSS-8590 INSTRUCTIONS

September 1, 2001

Table 3 Geographically Remote Counties	
A	Under age 16 or over age 60.
B	Mentally or physically disabled, including person receiving VA disability classified unemployable, but not 100 percent service or non-service connected. This code does not allow a medical deduction or an uncapped shelter deduction.
C	Cares for child under age 6 or incapacitated person.
D	16 or 17 year old head of household who is in school or enrolled in E&T component on at least a half-time basis
E	Work First applicant or recipient in a JOBS county.
F	Applied for or receives unemployment compensation.
G	Participates in drug or alcoholic treatment program.
H	Works at least 30 hours per week or receives weekly earnings equal to federal minimum wage x 30. Use of this code requires an earned income type to be entered in Field 80F.
I	Exempt student.
J	Screened out for geographical consideration.
K	A disabled person who meets the definition of a specified person in the Certification Manual. This code indicates exemption from work registration requirements and allows the medical deduction and uncapped shelter deduction. This code requires entry of a social security income in Field 80H, other income type codes A, B, M, or P in Field 80J, or PA income type codes G or L in Field 80G.
N	Not included in certification. Use of this code must be consistent with the code entered in Field 80K.
V	Use this code as exempt code when there is no other applicable code.

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Table 4 ABAWD Work Registration Codes Valid for Every County	
01	Temporarily medically certified as physically or mentally unfit for employment.
02	Permanently medically certified as physically or mentally unfit for employment.
03	A parent or other member of a household with responsibility for a dependent child under age 18.
04	A parent or other member of a household with responsibility for an incapacitated person.
05	A pregnant woman.
06	An applicant for or a recipient of Unemployment Compensation Insurance (UIB).
07	A narcotics addict or alcoholic who participates regularly as a resident of an institution or nonresident in a drug or alcoholic treatment and rehabilitation program
08	Exempt student.
09	Work First Family Assistance Applicant/Recipient or Refugee Assistance Applicant/Recipient.
10	Works 20 hours or more per week, but less than 30 hours a week, averaged monthly.
11	Works 30 hours or more a week, averaged monthly.
12	Registered with the Employment Security Commission(ESC). Note: a. <u>In Food Stamp Employment and Training (E&T counties,</u> if the components are available, Able-Bodied-Adults must participate in JTPA, Community College, or Literacy components for twenty (20) hours or more per week in order to maintain eligibility for food stamp benefits after three (3) months. <u>In E&T counties, Job Search is not</u> a countable component towards continued eligibility for food stamp benefits for Able-Bodied Adults. b. <u>In counties under the Able-Bodied Adult Waiver,</u> registration with the ESC, participation in Job Search, and participation in Community College activities as outlined in DSS Administrative Letter No. Economic Independence 2-97-A is countable in regard to continued eligibility for food stamp benefits for Able-Bodied Adults.
13	Participates in and complies with the Able-Bodied Adult requirements of the County Workfare Program.
14	Three month time limit (Does not meet any of the requirements in 1-13 above.)
15	Second tier of benefits. (Bonus Months)

FIELD 80F **Earned Income** - (4 digits, use leading zeros)

Enter the amount of earned income rounded to the nearest whole dollar. Next to the earned income amount, enter one of the codes listed below that best describes the income received by the FSU member.

Stable Income

- A** Self-employed (Enter monthly gross amount.)
- B** Employed (Enter monthly gross amount.)
- C** Employed *(Enter semimonthly gross amount.)
- D** Employed *(Enter biweekly gross amount.)
- E** Employed *(Enter weekly gross amount.)

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- K** Annualized Employment
L Loss from self-employment farm operations

****Using the appropriate multiplier, FSIS automatically calculates the monthly gross amount.***

Fluctuating Income

- F** Self-employed (Enter monthly gross amount.)
G Employed (Enter monthly gross amount.)
H Employed *(Enter semimonthly gross amount.)
I Employed *(Enter biweekly gross amount.)
J Employed *(Enter weekly gross amount.)

****Using the appropriate multiplier, FSIS automatically calculates the monthly gross amount.***

NOTE: Codes **A, B, F, G, H, I, J,** and **K** above may have income amount of zero.

FIELD 80G PA/SSI Income - (3 digits, use leading zeros)

Enter WFFA and SSI income rounded to the nearest whole dollar. The codes listed below identify the kind of income entered and also indicate categorical eligibility criteria when no income is entered.

Work First Income

Enter the amount of the Work First payment on the same line as the payee s name except when there is a third party outside of the FSU, or the payee is included in the payment. In this situation, enter the payment amount in with the first FSU member included in the payment. If the FSU payee receives both Work First and SSI, enter the SSI amount on the same line as the person receiving the SSI. Enter the Work First income on the same line with the first FSU member included in the payment.

When a person coded **"A"** in **Field 80K** is included in a Work First payment, prorate the Work First amount. Enter the amount available to the FSU next to a person coded **"C"** or **"M"** in **Field 80G**. The prorated amount for the **"A"** person is not shown in the field.

- A** Work First applicant added to FSU
C Work First payee included in the Work First payment.
F Person approved to receive Work First but the first check has not yet been received. Enter this code for each person included in the Work First payment (no dollar amount).
H Person in a Work First budget unit approved to receive Work First benefits including a zero payment, or the payment is for dependent care

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and is excluded as income. Enter this code for each person (no dollar amount).

K Person in a Work First budget unit subject to retrospective budgeting that has been suspended for Work First purposes. Enter this code for each person (no dollar amount).

NOTE: All persons coded I in Field 80K and included in the Work First payment must also be coded A , C, F , H , K , or M in this field. Do not code disqualified/excluded food stamp unit members with these codes. The Work First income (zero if not payee of Work First case) must be entered for the individuals with either of the above codes.

SSI Income

G Person authorized to receive SSI but the first check has not yet been received, or the benefit amount is reduced to zero because of recoupment. Also, use for a person receiving Medicaid benefits based on disability (MAD). Enter this code for each person (no dollar amount).

L Person who received an SSI payment (enter dollar amount).

FIELD 80H Social Security (4 digits, use leading zeros)

Enter the social security income rounded to the nearest whole dollar.

FIELD 80I Authorized Service Indicator (ASI). If the ASI indicator keyed is not N, S, or B, the error message: ASI indicator must be either B, N, or S, is received.

The ASI indicator is removed when completing a Transaction Code 3. Enter only if applicable. The valid values are:

Code

N	Non Custodial Parent
S	Services Authorized
B	Benefit Diversion

FIELD 80J Other Income (4 digits, leading zeros)

Enter the amount of other income rounded to the1 nearest whole dollar. Next to the other income amount, enter the code indicating the income type (T1). Enter the second code indicating whether the income is stable or fluctuating and how often it is received (T2). FSIS converts the income to a monthly amount based on frequency of receipt.

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Code

A	Veteran's Benefits (Always stable income)
B	Railroad Retirement (Always stable income)
C	Unemployment Compensation Benefits
D	Worker's Compensation
E	Allotment - Armed Services
F	Property Income
G	Contributions
H	Child Support - other than IV-D
I	IV-D Child Support, IV-D and any combination of unearned income except disregard payment
J	Strike Benefits
K	Educational Benefits (Always stable income)
L	Other Income (Not IV-D)
M	Combination of contribution income with other unearned income types (Codes E, G, H, R) except IV-D Child Support (Code I) or IV-D support disregard (Code N)
N	IV-D Child Support Disregard or Disregard Any Other Combination Of Unearned Income
P	Combination Of Other Income Codes A, B, C, D, F, J, K, or L; also includes Federal Disability Payments
Q	Interest From Checking or Savings Accounts
R	Alimony

NOTE: Codes **C, D, E, F, G, H, I, J, L M, N, P, Q, and R** above may have income amount of zero.

Stable Income

B	Enter monthly gross amount.
C	Enter semimonthly gross amount.
D	Enter biweekly gross amount.
E	Enter weekly gross amount.

Using the appropriate multiplier, FSIS automatically calculates the monthly gross amount.

Fluctuating Income

G	Enter monthly gross amount.
H	Enter semimonthly gross amount.
I	Enter biweekly gross amount.
J	Enter weekly gross amount.

Using the appropriate multiplier, FSIS automatically calculates the monthly gross amount.

FIELD 80K Dependent_Relationship_(1 Digit)

Enter the appropriate code for all persons on the food stamp case.

Code

- A Ineligible Alien** - Use this code for a person excluded from the FSU because he is an ineligible alien. If the person has income other than WFFA, enter the prorata share available to the FSU in the appropriate place next to the excluded person's name. **The individual is included in the utility calculation.**
- B Boarder** - Enter the board payment, less the cost of doing business, as self-employment income next to the person who receives that income. **Do not** include any other income that the boarder may receive. This individual is not included in the food stamp allotment calculation; **however, the individual is included in the utility calculation.**
- C Convict/Fleeing Felon** - These individuals are ineligible. Enter all appropriate income; however, their income is not counted nor are they included in the food stamp allotment calculation. **The individual is included in the utility calculation.**
- D Disqualified For Intentional Program Violation (IPV)** - When the person has income other than WFFA, enter the entire amount in the appropriate place next to the disqualified person's name. **Their income is counted and they receive income deductions (including, but not limited to, earned income deduction, medical, and shelter deductions). The individual is not included in the food stamp allotment calculation; the individual is included in the utility calculation.**
- IMPORTANT!** When changing code "D" to code "I," also change the Start Issue Date in **Field 14** to the month after the disqualification period ends.
- E Enumeration Refused** - Use for a person disqualified for failure or refusal to provide a social security number. Enter the prorata share of the person's income other than WFFA in the appropriate space next to the disqualified person's name. The individual is not included in the food stamp allotment calculation. **The individual is included in the utility calculation.**
- F Disqualified For Failure To Comply With E&T Requirements** - Enter all appropriate income information. **Their income is counted and they receive income deductions (including, but not limited to, earned income deduction, medical, and shelter deductions). The individual is not included in the food stamp allotment calculation; the individual is included in the utility calculation.**
- G Disqualified For Failure To Register For Work** - *(Geographically remote counties only.)* Enter all appropriate income information. Their income is counted and they receive income deductions **(including but not limited to earned income deduction, medical, and shelter deductions.)** The individual is not included in the food stamp allotment calculation; **however, the individual is included in the utility calculation.**

- I Included In Certification** - Use for all persons who are included in the FSU. FSIS uses code "I" to calculate the allotment. Enter all appropriate income information.
- J Ineligible Able-Bodies Adults Without Dependents** - These individuals are ineligible when they fail to meet the work requirement. Enter all appropriate income; however, their income is not counted nor are they included in the food stamp allotment calculation. **The individual is included in the utility calculation.**
- M Member** - Use this code to:
1. Indicate an individual who was a FSU member immediately prior to entering the hospital or a nursing home who is eligible for a medical deduction; or
 2. Indicate a deceased ex-member of the FSU for whom medical deductions are still allowable.
- Important!** FSIS does not consider the person coded "M" when determining the allotment amount. However, FSIS accepts medical deductions which the FSU is allowed to claim. Enter only the amount of income that is actually available to the FSU in the space next to the appropriate person.
- P Drug Related Felon** - These individuals are disqualified. Enter all appropriate income. Their income is counted, and they receive income deductions (including, but not limited to, earned income deduction, medical, and shelter deductions). They are not included in the food stamp allotment calculation; **however, the individual is included in the utility calculation.**
- Q Disqualified For Voluntary Quit** - These individuals are disqualified for voluntarily quitting a job without good cause. Enter all appropriate income. Their income is counted, and they receive income deductions (including, but not limited to, earned income deduction, medical, and shelter deductions), but they are not included in the food stamp allotment calculation. **They are included in the utility calculation.**
- R Roomer** - Enter the room payment, less the cost of doing business, as self-employment income next to the person who receives that income. **Do not** include any other income that the roomer may receive. The individual is not included in the food stamp allotment calculation; **however, the individual is included in the utility calculation.**
- S Student** - Use only for students who are ineligible to be included in the food stamp allotment. **The individual is included in the utility calculation.**
- T Disqualified For Transfer Of Resources** - This code may only be used when completing a TC7 with action Code 22.

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- V Parole/Probation Violator** - Enter all appropriate income; however, their income is not counted nor are they included in the food stamp allotment calculation. **They are included in the utility calculation.**
- W Disqualified For Failure To Comply With Workfare** - When the person has income other than Work First, enter the entire amount in the appropriate space next to the disqualified person's name. Their income is counted, and they receive income deductions (including, but not limited to, earned income deduction, medical, and shelter deductions), but they are not included in the food stamp allotment calculation. **They are included in the utility calculation.**

Worker cannot enter this code. The system changes all members to W when a TC7 is completed and the action code is 21 or 23.

Special Instructions:

1. Codes "A, B, E, I, M, R, and S allow categorical eligibility status. Refer to **Field 15**, Type Code "1", "3," or 4 .
2. Codes C, D, Q, F, G, P, W, and T do not allow categorical eligibility status. Refer to **Field 15**, Type Code "1", "3" or "4". These codes allow Type 2, NPA food stamp unit only.
3. When using codes "A" or "E," convert the individual's income to a monthly gross amount. Then prorate it to determine the share available to the FSU. Enter this amount next to the excluded person's name. FSIS does not perform this process for you. FSIS does add income amounts from these codes and enters totals in **Fields 48 and 51**, as appropriate.
4. When using codes "B, R, or M," any income amount available to the FSU is entered next to a person coded "I, A, D, W, or E." FSIS does not add income amounts from persons coded "B, R, or M." If the income is listed for a person coded "A" or "E," convert to a monthly amount, if necessary; then prorate as above.

FIELD 80L Dependent Individual ID Number (10 Digits)

The Individual ID number is required. Based on the ID entered, the individual's demographic data is brought forward from the Common Name Database. (CNDB)

1. If adding an individual to an existing case and demographic data is incomplete, the message, 'INDIVIDUAL ID, ID NO. NAME, DOB, ETC., REQUIRED. USE SLNC TO UPDATE', is displayed and the transaction is placed in hold status.
2. The error message, 'INDIVIDUAL ID, ID NO. NAME, DOB, ETC., REQUIRED. USE SLNC TO UPDATE' is displayed and the transaction is not placed in hold status when:

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- a. A new application (TC1) is keyed with an individual with incomplete demographic data, or
- b. Removing an individual with incomplete demographic data, or
- c. Removing and adding an individual with incomplete demographic data.

FIELD 80M_ Dependent Care Deduction (3 Digits)

Enter the actual dependent care expense paid for each dependent in field 80M. FSIS calculates the correct deduction based on the dependent's age. \$175 for each dependent age 2 and over. \$200 for each dependent under age 2.

FIELD 80N Child Support Deduction (4 Digits)

Enter any legally obligated child support paid by a FSU member to a child living in another household. Use leading zeros. Entry is allowed only for individuals coded A, D, E, F, G, I, or W in Field 80K.

FIELD 80O Dependent Race Code (1 Digit) - Do not enter.

Based on the individual ID entered, the individual s race code is brought forward from the CNDB.

FIELD 80P Dependent Sex Code (1 Digit) - Do not enter.

Based on the individual ID entered, the individual s sex code is brought forward from the CNDB.

Change # 2-2001

CLIENT RECORD DSS-8590 INSTRUCTIONS

December 1, 2001

SAMPLE SCREENS

SLUP - INITIAL APPLICATION				STANDARDS STARTING 10/01/98				Page 1 of 1					
Case ID	Cnty: Geo	Adm	Expedite	FOH	TRAN Cd 1								
Action Code	Appl Date		Cert From		Cert Thru								
Sex/Race	MRRB Status		Start Issuance		Household Type								
Type Issuance	Caseload Number		Assigned Worker		Temporary Wrkr								
AFDC Cty Csl	AFDC Cty Cs2		AFDC Cty Cs3		Cty Case No								
Vuln/Type	E & T		Disaster Ind		Adeq Notice Flag								
Address Line 1			Address Line 2		Tot HH								
City/State			Zip Code		# Required Mbr								
HH Reserve	Project Code		Regulator Delay		No Prorate								
Rent/Mortgage	Real Est Tax		Househd Ins		Utilities								
Utility Type	Other Expense		Dep Care		Medical Exp								
Claim Indicator	Retroactive		Retro Type		Claim Coll								
Review Date 1	Review Type 1		Review Date 2		Review Type 2								
Dependent Care Num	Intvw Date		Prev ID #		Adv Action Guard								
----- D E P E N D E N T I N F O R M A T I O N -----													
MM	SSN	V	NAME	DOB	IN	W	EARN	T	PA	T	SS	ASI	I
01	000000000	O		0000000	0		0000	0	000	0	0000	0	0
	ID 0000000000		DEP CARE 000 LSO 0000	RACE 0	SEX 0	OTHR	0000		T1	0	T2 0		
02	000000000	0		0000000	0	0000	0	000	0	0000	0	0	0
	ID 0000000000		DEP CARE 000 LSO 0000	RACE 0	SEX O	OTHR 0000			T1	0	T2 0		
ENTER=Process PF3=End (NO Update) CLEAR=Cancel													

SLIN - FOOD STAMP INQUIRY						PAGE 1 OF 2	
ID NUMBER	111111111	3	NAME	ALVIN CHIPMUNK	GEO ADM CO	0400	
TRAN CODE	8	FOH N	ADDRESS-1	PO BOX 000	ACTION CODE	25	
TRAN DATE	082997		ADDRESS-2		APPL DATE	021997	
CERT FROM	0297		CTY/STATE	PEACHLAND NC	CERT THRU	0797	
SEX/RACE	21		ZIP CODE	28133	MRRB STA	0	
TYPE ISS	9		HH TYPE	3	TOTAL HH	2	
WORKER	011		RECD NBR	028	E & T		
AFDC-1			AFDC-2		AFDC-3		
CTY CS#	0925024		VUL/TYPE	NO	CLAIM	0	
HH RESRV	00000000		PRO ALLOT		REG DELAY		
RENT/MOR	0000		RE TAXES	00000	HH INS	00000	
UTL TYPE	0		OTHR EXP	00000	TTL SHLTR	0000	
E I DED	0000		NET EARN	0000	OTHER INC	0504	
STD DED	134		ADJ INC	0370	DEP CARE	0000	
EXCS SHLT	0000		EXPENSE	0000	NET ADJ	0370	
#REQ MBR	01		TFP	0120	BEN REDU	0110	
RESTR RSN	00		ALLOTMENT	0010	\$2 BOOKS	00	
\$10 BOOKS	01		\$40 BOOKS	00	\$50 BOOKS	00	
RVW DATA1	0000		RVW TYPE 1	0	RVW DATA2	0000	
MAIL CODE	04		EXPEDITE	0	PRV ID	0000000000	
PROJ CODE	S		EIS CASE ID		ENTER P/X TO VIEW DEPENDENTS (X=PAGE TO VIEW)		
CP	0		INTVW MONTH	00	TO CONTINUE PROCESSING, JUST PRESS ENTER		

SLIN - DEPENDENT INQUIRY						PAGE 2 OF 2							
MM	SSN	V	NAME	DOB	IN	W	EARN	T	PA	T	SS	ASI	I

North Carolina Department of Health and Human Services
 Division of Social Services
 Economic Independence Section
 FSIS User s Manual

Change # 2-2001 CLIENT RECORD DSS-8590 INSTRUCTIONS December 1, 2001

01	111111111	V	ALVIN CHIPMUNK	1206953	A	K	0000	0	079	L	0425	0	I
	ID 111111111k		DEP CARE 000	LSO	0000	RACE W	SEX F	OTHR 0000	T1	0	T2	0	

Change # 2-2001	CLIENT RECORD DSS-8590 INSTRUCTIONS	December 1, 2001
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DSS-8590 (REV. 6/01)
Economic Independence

80 - HOUSEHOLD INFORMATIONFigure 503-1

Change # 1-2001

CLIENT RECORD DSS-8590 INSTRUCTIONS

September 1, 2001

DSS-8590 QUICK REFERENCE

Field 5 – Expedite Codes	Field 6 – Transaction Codes (TC)
0 Non emergency case 1 Emergency case with verification 2 Emergency case with postponed verification 3 Continues issuance when verification received.	TC1 Register a new application TC2 Approve an application TC3 Reopen a case (closed/denied in FSIS) TC5 Deny an application TC6 Recertification (approval, denial, or extension of cp) TC7 Terminate an open (or suspended) case TC8 Make a change to an active case TC9 Retroactive Benefits
Field 7 – Rejection/Closure Codes & (TC)	Field 7 – Rejection/Closure Codes & (TC) (cont'd)
01 Residence out of county (5, 6, or 7) 02 Residence out of state (5, 6, or 7) 03 Requested withdrawal during certification (7) 04 Excess Reserve no vehicle (5, 6, or 7) 05 Excess net income (6 or 7) 06 Ineligible due to household composition (5, 6, or 7) 07 Net income results in < \$1.00 (6 or 7) 08 Excess gross income (5, 6, or 7) 09 Excess reserve: unlicensed vehicle alone or with other reserve (5, 6, or 7) 10 Refusal to cooperate other than with QC review (5, 6, or 7) 11 Request withdrawal prior to certification (5, 6, or 7) 12 Institutionalized/Incarcerated (5, 6, or 7) 13 Unable to locate client for interview (5, 6, or 7) 14 Failed to provide verification (6 or 7) 15 Not a valid code 16 Application opened in error (5) 17 Change in State Law or agency policy (5, 6, or 7) 18 Originally ineligible for recertification (6 or 7) 19 Refused to cooperate with QC review (6 or 7) 20 Refused to comply with Work Registration (5, 6, or 7) 21 Disqualified refused to comply with Workfare req. (6 or 7) 22 Transfer of reserve with intent to become eligible (5, 6, or 7) 23 Disqualified refused to comply with Workfare req. (5) 24 Death (5, 6, or 7) 25 Failed to reapply (7) 26 Other (5, 6, or 7) 27 Voluntary Quit Disq. Period not calculated by FSIS (5, 6, or 7) 28 Ineligible Student (5, 6, or 7) 29 <i>FSIS generated</i> Case Suspended- excess gross income (6 or 7) Non-PA Household. Close with Action Code (AC) 08 or 44	30 <i>FSIS generated</i> Case Suspended excess net income (6 or 7) Non-PA Household. Close with Action Code (AC) 05 or 44 31 Reopen a closed case (3) 32 <i>FSIS generated</i> Case Suspended 2 or more member FSU benefits are < \$1. Close with TC6 or 7 and AC 07. 33 FSU ineligible due to striker (5, 6, or 7) 34 Failed or refused to comply with job search (7) 35 Reinstate a case as in appeals or closed erroneously (3) 36 Denied at 30 days Failure to provide verification (5) 37 Denied at 60 days Case file incomplete, county delay (5) 38 Denied at 30 days Missed 2 appointments (5) 39 Denied at 60 days Failure to provide verification, FSU delay (5) 40 <i>FSIS generated</i> Case suspended excess reserve (6 or 7). Close case with TC6 or 7 and AC 09 or 69. 41 Not a valid code 42 Requested withdrawal rather than comply with Workfare (6 or 7) 43 Requested withdrawal prior to cert. Rather than comply with Workfare (6 or 7) 44 Excess net/gross income from Workfare participation (6 or 7) AC 29 or 30. Use Adverse Action Guard in field 79 45 Requested withdrawal rather than comply with IEVS req. (6 or 7) 46 Requested withdrawal prior to certification rather than comply with IEVS req. (6 or 7) 47 <i>FSIS generated</i> PA Case Suspended with benefits < \$1.00 48 <i>FSIS generated</i> Suspended PA Case Terminated 49 FSU member fails/refuses to comply with E&T req. (5, 6, or 7) 50 Reopen a timely recert the month after cp expires (3) 69 Excess resources: Licensed vehicle alone or with other reserve (5, 6, or 7) 71 All FSU members are ineligible ABAWD's, (5,6, or 7)

Field 12 – Sex/Race Codes	Field 15 – FSU (Household) Type
Male Female Race	1 PA Work First or Work First and other income, with no

Figure 503-2

Change # 1-2001 CLIENT RECORD DSS-8590 INSTRUCTIONS September 1, 2001

11 21 White	2 NPA Not categorically eligible
12 22 Hispanic	3 PA SSI Only FSU, with no disqualified individual.
13 23 American Indian (off reservation)	4 PA Authorized Services, combination of any income with no disqualified individual.
14 24 Asian or Pacific Islander	
15 25 African American	
16 26 American Indian (on reservation)	
Field 45 – Types of Utility Deductions	Field 63 – Amount of Retroactive Benefits
0 No utility expense	Amount (4 digits) with leading zeroes (TC9)
1 Standard Utility Allowance (SUA) (heating or cooling expense)	
2 Actual Utility deduction (enter an amount in field 44 5 digits)	
3 Prorated SUA (enter an amount in field 44 5 digits)	
5 Basic Utility Allowance (BUA) (non heating or cooling expense)	
6 Prorated BUA (enter an amount in field 44 5 digits)	
Field 64 – Retroactive Benefits	Field 74 & 76 – Review for Change Codes
02 Retroactive benefits manually calculated (TC9). Enter \$ in field 63.	A Change based on age (member becomes 18 or 60)
	B Review boarder status
	D Deduction Change
	E Seasonal employment starts or ends
	N Number of persons change (FSU composition)
	O Other
	P Disqualified for IPV or Workfare
	R Work First review date
	S Student status may end
	V Variable income
	W Work registration
Field 80E – Work/Workfare Registration	Field 80E – Work/Workfare Registration (cont'd)
A* Under age 16 or age 60 or over	K* SSA disability, VA 100% service connected
B* Mentally or physically disabled, including VA unemployable and not 100% service related	L** Expected to participate for 30 days or less
C* Cares for child under age 6 or an incapacitated person	M** Referred from ESC as Not Job Ready temporary
D* 16 or 17 year old head of household who is in school or enrolled in a component on at least a half-time basis	N* Not included in certification for work registration purposes
E* Work First applicant or recipient of WF employment services or refugee	P*** Workfare participant with/without earnings prior to registration
F Applied for or receives UIB	R Registered (n/a to Workfare)
G* Participates in drug or alcoholic treatment program	S*** Workfare participant begins new job, enters new FSU, or Workfare employment increases or decreases
H* Works at least 30 hours per week or receives weekly earnings = Federal minimum wage x 30 hours per week	T Volunteer for referral to ESC
I* Eligible student	U** Homeless individual
J Screened out for referral/geographical location/15% ABAWD exempt	V*** Exempt (use when no other code is available)
	W** Migrant/seasonal farm worker required to register, but not referred to ESC for participation in an E & T component
	X** Physical or mental condition represents a significant impediment to employment
	Y** Required to register, but not referred to ESC due to lack of transportation
	Z** Required to register, but not referred to ESC due to an emergency

Field 80E – Work/Workfare Registration (cont'd)	Field 80F – Earned Income Types
* Workfare and E & T	<u>Stable</u> <u>Fluct</u>
** Not used for ABAWD s	

Change # 1-2001 CLIENT RECORD DSS-8590 INSTRUCTIONS September 1, 2001

*** Workfare only	A F Monthly Self-Employment
	B G Monthly
	C H Semi-Monthly
	D I Bi-Weekly
	E J Weekly
	K Annualized Self-Employment
	L Loss from Farm Income Self-Employment
Note: Do not use codes L,M,U,X,Y,Z,W with ABAWDS.	
Field 80G- WF & SSI Income (3 Digits)	Field 80I – Authorized Services Indicator (ASI)
A WF applicant added to FSU	N Non Custodial Parent
C WF payee included in the WF payment	S Services Authorized
F WF approved, but 1 st check not yet received	B Benefit Diversion
G SSI approved, 1 st check not yet received, benefit amount reduced to zero or person receives MAD based on disability	
H WF budget unit member approved including zero payment or payment is for dependent care	
K WF payment suspended	
L SSI recipient	
M Member included in WF payment	
Field 80J – Other Income (4 Digits)	Field 80J - Unearned Income Types
A Veteran s Benefits	Stable Fluct
B Railroad Retirement	
C Unemployment Benefits	B G Monthly
D Workman s Compensations	C H Semi-Monthly
E Military Allotment	D I Bi-Weekly
F Property Income	E J Weekly
G Contributions	
H Child Support Other than IV-D	
I IV-D Child support and any unearned income	
J Strike Benefits	
K Education Benefits	
L Other Income (Not IV-D)	
P Combination of income codes A, B, C, D, F, J, K, or L including Federal Disability Payments	
N Combination G, H, I (other unearned income)	
M Contribution and other unearned income: no IVD	
Q Interest (ex: checking/savings account)	
R Alimony	
Field 80K – Dependent Relationship Codes	Field 80K – Dependent Relationship Codes (cont'd)
A Ineligible Alien	F Disqualified for failure to comply with E&T req G
B Boarder	G Disqualified for failure to register for work
C Fleeing Felon	I Included in certification
D Disqualified for Intentional Program Violation	J Ineligible ABAWD
E Enumeration refused	

Change # 1-2001 **CLIENT RECORD DSS-8590 INSTRUCTIONS** **September 1, 2001**

Field 80K – Dependent Relationship Codes (cont'd)	Field 80D – Medical Expense
M Member who was a FSU member prior to entering a hospital or nursing home or a deceased ex-FSU member who is eligible for a medical deduction	A Pays neither Medicare premium nor private health insurance)(PHI)
P Drug Related Felon	B Pays standard Medicare premium
Q Disqualified for voluntary quit	C Pays non-standard Medicare premium and pays for PHI
R Roomer	D Pays standard Medicare premium and pays for PHI
S Ineligible Student	E Pays for PHI only or has Medicare or Medicaid and pays for PHI
T Disqualified for transfer of resources	G Medicare premium is paid by the State
V Parole/Probation Violator	
W Disqualified for failure to comply with Workfare	

600.01 GENERAL

Electronic Benefits Transfer (EBT) is the process in which recipients receive their food stamp benefits. EBT replaces food stamp coupons with a magnetic stripe card, much like a debit card. Food stamp benefits are placed into an account that can be accessed by recipients by using the Benefit Security at Point of Sale (POS) machines located at FNS authorized food stamp retail stores. An account is setup up at Citibank and an EBT card is created for the food stamp head of household, authorized representative, and/or Alcohol and Drug Treatment Center (ADTC). The EBT cardholder uses the card to purchase food. Benefit authorizations can occur daily, monthly, or in the case of ADTC, tri-monthly (5th, 15th, and 25th). The monthly benefit authorization process assigns benefit availability dates for five benefit authorization cycles (from 3rd through the 7th calendar day of the month based on the last digit of the Head of Household s social security number).

Each individual issued an EBT card is required to be trained and select a Personal Identification Number (PIN). Selecting the PIN activates the EBT card. This process is handled through the local department of social services.

600.02 SYSTEM PROCESS

A. SLUP/SLUO

The valid issuance types for EBT counties are 3, 8, and 9. No other issuance types are allowed.

B. SLIC Screen (Card Issuance Screen)

Based on transactions entered in FSIS via the SLUP/SLUO screen, the SLIC screen is displayed to identify when an EBT card is to be issued or replaced. Based on your response, the card is issued the night the response is keyed or at the end of the month. The information is sent in the nightly update from FSIS to EBTIS.

1. TC2 Transaction (Approval)

- a. The SLIC screen is displayed with a default of Y if the head of household is **not** in **EBTIS** (No account as previously been set up).

- (1) Do not re-enter Y if an EBT card is to be issued.

- (2) Enter an N if no EBT card is to issued.

- b. The SLIC screen is displayed with a default of Y if the individual (head of household) goes directly into an ADTC with no information in EBTIS. If enter is pressed with a default of Y or if N is entered, no EBT card is issued.

Based on a. and b. above, the following SLIC screen is displayed.

Change # 2-2001	ELECTRONIC BENEFITS TRANSFER (EBT)	December 1, 2001
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SLIC/SLA987A	FSIS/EBTIS : CARD ISSUANCE SCREEN	DATE: 01/26/98 TIME: 12:35:11
FSIS CASE ID: 123456789		
NAME:	EBT CASE	
ISSUE AN EBT CARD?: Y VALID RESPONSE CODE MUST BE A (Y OR N)		
WARNING:		
NO EBT CARD ISSUED PREVIOUSLY - IF N IS ENTERED, NO CARD WILL BE ISSUED. YOU DO NOT NEED TO RE-ENTER THE Y IF A CARD IS TO BE ISSUED, JUST PRESS ENTER.		
ENTER = PROCESS INFORMATION		

- c. Press Enter. The screen is redisplayed with your entered response displaying the message:

**IF CORRECT, PRESS ENTER TO UPDATE.
IF INCORRECT, MAKE CHANGE AND PRESS ENTER TO UPDATE.**

Press Enter. The SLMU - Certification Menu Screen is displayed with the message CASE RECORD UPDATE SUCCESSFUL .

- d. If an SLNC transaction has been completed to change the name of the head of household and the case has an EBT account already set up for the case, the SLIC screen is not displayed at the time the TC2 is completed. The SLIC screen was displayed at the time the SLNC was completed. The system checks the name on the case against the name on the master file and the name displayed on the SLUP/SLUO SCREEN. In this case, the name on the master file and the SLUP/SLUO screen is the same.

2. **TC1 (Reopen), TC5 (Denial), TC6 (Recertification), and TC8 (Change) Transactions**

- a. Address Change

(1) If an EBT card has been issued for the head of household, the following SLIC screen is displayed with the question DOES THE CLIENT NEED A REPLACEMENT CARD?.

(2) If an EBT account had been set up previously for a case and a TC3 or TC5 is completed with a change of address, the SLIC screen is not displayed; however, the new address is sent to Citibank. No SLIC screen for the address keyed at TC3 or TC5 time is displayed at the time the TC2 is keyed, unless another new address is keyed.

Change # 2-2001

ELECTRONIC BENEFITS TRANSFER (EBT)

December 1, 2001

SLIC/SLA987A	FSIS/EBTIS : CARD ISSUANCE SCREEN	DATE: 01/26/98 TIME:12:35:11
FSIS CASE ID: 123456789		
NAME:	EBT CASE	
DOES THE CLIENT NEED A REPLACEMENT CARD?: VALID RESPONSE CODE MUST BE A (Y OR N)		
WARNING:		
IF A Y IS ENTERED, AN EBT CARD WILL BE ISSUED TONIGHT.		
IF AN N IS ENTERED, NO CARD WILL BE ISSUED.		
ENTER = PROCESS INFORMATION		

- (1) Enter a Y if a replacement EBT card is to be issued the night the entry is keyed.

NOTE: IF THE REPLACEMENT EBT CARD IS TO BE ISSUED THE NIGHT THE ENTRY IS KEYED, THE EXISTING EBT CARD WILL BECOME INVALID. THE RECIPIENT WILL NOT HAVE ACCESS TO HIS/HER ACCOUNT UNTIL THE REPLACEMENT EBT CARD IS ACTIVATED.

- (2) Enter an N if no replacement EBT card is to be issued. Only the change of address is sent to Citibank.
- (3) Press Enter. The screen is redisplayed with your entered response displaying the message:

**IF CORRECT, PRESS ENTER TO UPDATE.
IF INCORRECT, MAKE CHANGE AND PRESS ENTER TO UPDATE.**

Press Enter. The SLMU - Certification Menu Screen is displayed with the message CASE RECORD UPDATE SUCCESSFUL .

b. Address Change for a Head of Household Leaving An ADTC

The following SLIC screen is displayed with a default of Y if the head of household is not in EBTIS.

SLIC/SLA987A	FSIS/EBTIS : CARD ISSUANCE SCREEN	DATE: 01/26/98 TIME: 12:35:11
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Change # 2-2001

ELECTRONIC BENEFITS TRANSFER (EBT)

December 1, 2001

FSIS CASE ID : 123456789

NAME : EBT CASE

ISSUE AN EBT CARD?: Y
VALID RESPONSE CODE MUST BE A (Y OR N)

WARNING:

NO EBT CARD ISSUED PREVIOUSLY - IF N IS ENTERED, NO CARD WILL BE ISSUED. YOU DO NOT NEED TO RE-ENTER THE Y IF A CARD IS TO BE ISSUED. JUST PRESS ENTER.

ENTER = PROCESS INFORMATION

- (1) Press Enter if an EBT card is to be issued.
- (2) Enter an N if no EBT card is to be issued. Press Enter.
- (3) Once ENTER is pressed for either #1 or #2 above, the SLIC screen is redisplayed with your entered response displaying the message:

**IF CORRECT, PRESS ENTER TO UPDATE.
IF INCORRECT, MAKE CHANGE AND PRESS ENTER TO
UPDATE.**

Press Enter. The SLMU - Certification Menu Screen is displayed with the message CASE RECORD UPDATE SUCCESSFUL .

- c. Head of Household Change (Individual ID changed or change in head of household using member 99 method)
 - (1) If the individual ID changes with no name change, the SLIC screen is not displayed.
 - (2) If the individual ID changes with a name change or the head of household changes using the 99 method AND if an EBT card has been issued for the head of household, the following SLIC screen is displayed with the question ISSUE AN EBT CARD TONIGHT? with a default of space .

Change # 2-2001

ELECTRONIC BENEFITS TRANSFER (EBT)

December 1, 2001

SLIC/SLA987A FSIS/EBTIS : CARD ISSUANCE SCREEN DATE: 01/26/98
TIME: 12:35:11

FSIS CASE ID : 123456789

NAME : EBT CASE

ISSUE AN EBT CARD TONIGHT?:
VALID RESPONSE CODE MUST BE A (Y OR N)

WARNING:

IF Y IS ENTERED, A REPLACEMENT EBT CARD WILL BE ISSUED TONIGHT.

IF N IS ENTERED, A REPLACEMENT EBT CARD WILL BE ISSUED AT THE END
OF THE MONTH.

ENTER = PROCESS INFORMATION

- (1) Enter a Y if a replacement EBT card is to be issued the night the entry is keyed.

NOTE: IF THE REPLACEMENT EBT CARD IS TO BE ISSUED THE NIGHT THE ENTRY IS KEYED, THE EXISTING EBT CARD WILL BECOME INVALID. THE RECIPIENT WILL NOT HAVE ACCESS TO HIS/HER ACCOUNT UNTIL THE REPLACEMENT EBT CARD IS ACTIVATED.

- (2) Enter an N if the replacement EBT card is to be issued at the end of the month.
- (3) Press Enter. The SLIC screen is redisplayed with your entered response displaying the message:

IF CORRECT, PRESS ENTER TO UPDATE. IF INCORRECT, MAKE CHANGE AND PRESS ENTER TO UPDATE.

Press Enter. The SLMU - Certification Menu Screen is displayed with the message CASE RECORD UPDATE SUCCESSFUL .

- b. Combination Head of Household Name Change and Change of Address

If there is a combination of a name change for the head of household with a change of address and an EBT card has previously been issued, the following SLIC screen is displayed with the question ISSUE AN EBT CARD TONIGHT? with a default of space .

Change # 2-2001

ELECTRONIC BENEFITS TRANSFER (EBT)

December 1, 2001

SLIC/SLA987A	FSIS/EBTIS : CARD ISSUANCE SCREEN	DATE: 01/26/98 TIME: 12:35:11
FSIS CASE ID : 123456789		
NAME :	EBT CASE	
	ISSUE AN EBT CARD TONIGHT? : VALID RESPONSE CODE MUST BE A (Y OR N)	
WARNING:		
IF Y IS ENTERED, A REPLACEMENT EBT CARD WILL BE ISSUED TONIGHT.		
IF N IS ENTERED, A REPLACEMENT EBT CARD WILL BE ISSUED AT THE END OF THE MONTH.		
ENTER = PROCESS INFORMATION		

- (1) Enter a Y if a replacement EBT card is to be issued the night the entry is keyed.

NOTE: IF THE REPLACEMENT EBT CARD IS TO BE ISSUED THE NIGHT THE ENTRY IS KEYED, THE EXISTING EBT CARD WILL BECOME INVALID. THE RECIPIENT WILL NOT HAVE ACCESS TO HIS/HER ACCOUNT UNTIL THE REPLACEMENT EBT CARD IS ACTIVATED.

- (2) Enter an N if the replacement EBT card is to be issued at the end of the month.
- (3) Press Enter. The SLIC screen is redisplayed with your entered response displaying the message:

IF CORRECT, PRESS ENTER TO UPDATE. IF INCORRECT, MAKE CHANGE AND PRESS ENTER TO UPDATE.

Press Enter. The SLMU - Certification Menu Screen is displayed with the message CASE RECORD UPDATE SUCCESSFUL .

3. Direct Entry Into The SLIC Screen

Use direct entry into the SLIC screen to correct the SLIC entry made when the TC2 transaction was completed with no EBT card issued.

Change # 2-2001

ELECTRONIC BENEFITS TRANSFER (EBT)

December 1, 2001

From the FOOD STAMP UPDATE MENU, key the transaction number for the SLIC transaction. A prompt is displayed to enter food stamp case ID number. Press Enter. The following screen is displayed with the question, ISSUE AN EBT CARD TONIGHT? with a default of Y .

SLIC/SLA987A	FSIS/EBTIS : CARD ISSUANCE SCREEN	DATE: 01/26/98 TIME: 12:35:11
FSIS CASE ID : 123456789		
NAME : EBT CASE		
ISSUE AN EBT CARD TONIGHT? : VALID RESPONSE CODE MUST BE A (Y OR N)		
WARNING:		
(NO EBT CARD PREVIOUSLY ISSUED) - IF THE EBT CARD SHOULD BE ISSUED TONIGHT, JUST PRESS ENTER WITH THE DEFAULT OF Y.		
IF N IS ENTERED, NO CARD WILL BE ISSUED.		
ENTER = PROCESS INFORMATION		

- Press Enter with the default of Y if an EBT card is to be issued the night the entry is keyed for an individual who has not been previously been issued an EBT card.
- Enter an N if no EBT card is to be issued for an individual that has not previously been issued a card.
- Press Enter. The SLIC screen is redisplayed with your entered response displaying the message :

IF CORRECT, PRESS ENTER TO UPDATE.

IF INCORRECT, MAKE CHANGE AND PRESS ENTER TO UPDATE.

A blank screen is displayed with the message RECORD SUCCESSFULLY UPDATED . To exit this screen, clear screen and key next type transaction (SLII, SLMU, etc).

Change # 2-2001	ELECTRONIC BENEFITS TRANSFER (EBT)	December 1, 2001
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4. SLNC (Name Change Function)

Use the Name Change Function to change demographic data of an individual. From the FOOD STAMP UPDATE MENU, key the transaction number for the SLNC transaction. The following screen is displayed.

SLNC/SLA985A	COMMON DATA NAME CHANGE	DATE: 03/01/98 TIME: 08:00:00
INDIVIDUAL ID: WORKER NUMBER:		
	CURRENT	CHANGE
	-----	-----
SSN:		
FIRST NAME:		
MIDDLE NAME:		
LAST NAME:		
SUFFIX:		
DOB:		
RACE:		
SEX:		
SSI:		
EIS COUNTY:		
FIS COUNTY:		
ENTER INDIVIDUAL ID AND WORKER NUMBER		
ENTER-PROCESS REQUEST	PF3-END	PF5-REFRESH

Once the PF5 key or another key is pressed to leave the SLNC screen and if the name of the individual being changed on the Name Change screen is the head of household and an EBT card has previously been issued, the following SLIC screen is displayed with the question ISSUE AN EBT CARD TONIGHT? with a default of space .

ENTER = PROCESS INFORMATION

Change # 2-2001	ELECTRONIC BENEFITS TRANSFER (EBT)	December 1, 2001
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1. New

EBT cards are produced the night the information is keyed through the Authorized Representative Subsystem (SLAR).

2. Changes

Replacement EBT cards are produced at the end of the month when there is a change in name through the Authorized Representative Subsystem (SLAR).

3. Deactivation

If you close the FSIS case, you must also deactivate the authorized representative through the SLAR process. The authorized representative is deactivated the night the information is keyed.

D. SLSE (EBT ISSUANCE SCREEN)

From the FOOD STAMP UPDATE MENU, key the transaction number for the SLSE transaction. Press ENTER. A prompt is displayed to enter the food stamp case ID number. Press ENTER. The following screen is displayed.

SLSE		ON-LINE STAMP STATUS			
ID:	123456789	ISSUE CYCLE:	03	TYPE:	3
NAME:	EBT CASE	ACTION CODE:	00		
ADDRESS:	123 CASE ST				
	RALEIGH NC 27603	TRANS CODE:	2	DATE:	040198
LAST AUTH:	040198	CERT FROM:	040198	TO:	093098
	AMOUNT: 0100	BEN MO:	0498		
ISSUE STAMP REASON:	AMOUNT:	BEN MO	AFFIDAVIT DATE:		
CANCEL	:				
AMOUNT	AUTH	BEN MO	TYPE	STATUS	ISSUED
0020	052298	0598	SUP	AUTHORIZED	
0100	051598	0598	SUP	CANCELED	
0100	040198	0498	INT	ISSUED	040598

1. Screen Description

The upper part of the screen displays case identifying and selected case data. The center line displays details from the last on-line authorization (Last Issued). The lower line is to be used for a desired action and is followed by a list of up to the last 8 authorizations.

Change # 2-2001	ELECTRONIC BENEFITS TRANSFER (EBT)	December 1, 2001
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2. Issuance Reason Codes

Y	Initial Issuance
R	Restoration of benefits for a household that is currently certified
W	Supplement for a reported change and miscellaneous reasons
Z	Supplement to replace food destroyed in a disaster
N	Restoration of benefits for a household not currently certified
O	Benefits stolen under duress

Reason codes W, Z, and O generate a supplemental issuance and is displayed under TYPE as SUP . The Z code may only be used if the case contains a disaster indicator of D .

Reason code Y generates an initial issuance and is displayed under TYPE as INT .

Reason codes R and N generate a restoration issuance and is displayed under TYPE as RLB .

3. Issue Status Codes

The issue status codes outlined below are system generated and cannot be changed using this screen.

0	Authorized
1	Issued
7	Canceled

4. Generation of an Issuance

- a. Enter the issuance reason code.
- b. Enter the amount (four digits - use leading zeroes).
- c. Enter the benefit month (four digits - MMY).
- d. Enter the affidavit date if the issuance reason code is O (six digits - MMDDYY).
- e. Press Enter. A message appears PF2 TO ISSUE STAMPS - ENTER FOR CHANGES . Before pressing PF2, double check to ensure all entries are correct. If correct, press PF2. Once PF2 is pressed, a screen is displayed with the message ISSUANCE ACCEPTED AND RECORDED

The issuance is immediately available on the SLII (Issuance Information) screen.

5. Cancellation of an Issuance

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ELECTRONIC BENEFITS TRANSFER (EBT)

December 1, 2001

You may only cancel an issuance if the STATUS of the issuance is AUTHORIZED.

- a. Enter an X after CANCEL.
- b. Enter an X before the issuance on the listing to be canceled.
- c. Press Enter. A message appears PF2 TO CANCEL ISSUANCE - ENTER FOR CHANGES . Before pressing PF2, double check to ensure all entries are correct. If correct, press PF2. Once PF2, is pressed a screen is displayed with the message STATUS OF ISSUANCE WAS UPDATED BY ANOTHER USER .

The issuance status changes from AUTHORIZED to CANCELED.

6. Correction of Information

Once an issuance is entered with the final step of PF2, corrections are not possible. The issuance may be canceled. Generate another issuance (but only one per day). If the canceled issuance is a regular or original issuance, the next issuance must be a supplemental code. The system does not generate two regular issuances in the same month.

7. Update An Address On A Denied/Closed Case

Move the cursor to the address area. Change the address. The case identification and other case data cannot be changed. The case is updated with the change of address along with the transaction date. The changed address is sent to Citibank. The record number is not changed.

8. Multiple Actions

Only one of the above actions may be completed on each entry. Do not try to combine actions such as generating an issuance and cancellation of an issuance. Entry requests can be combined on one DSS-8593, but the separate screen entries are necessary.

E. SLII Screen (Issuance Information)

1. The field ADTC (Alcohol and Drug Treatment Center) with a value of Y or N is displayed on the SLII screen. This field value is system generated. If the individual is in an ADTC, a Y is displayed. If the individual is not in an ADTC, an N is displayed. From the FOOD STAMP INQUIRY MENU, key the transaction number for the SLII transaction. Press ENTER. A prompt is displayed to enter the food stamp case ID number. The SLII screen is displayed.

NOTE: 'AUTHORIZED' APPEARS UNDER STATUS FIELD UNTIL THE NIGHTLY UPDATE ACTUALLY ISSUES THE BENEFIT. ONCE THE BENEFIT IS ISSUED, 'AUTHORIZED' CHANGES TO 'ISSUED' WITH THE ISSUE DATE DISPLAYED UNDER THE 'BENEFIT ISSUED' FIELD.

Change # 2-2001

ELECTRONIC BENEFITS TRANSFER (EBT)

December 1, 2001

ID: 941147193 ISSUE CYCLE: 05 TYPE: 3
NAME: EBT CASEFIFTEN ACTION CODE: 00
ADDRESS: 123 STREET

RALEIGH NC 27603 TRANS CODE: 8 DATE: 011698
CERT FROM: 0198 TO: 1298
LAST AUTH: 030198 AMOUNT: 0224 BEN MO: 0398
EIS ID:

CTY	AMOUNT	DATE AUTH	BEN MO	TYPE	BENEFIT ISSUED	ISSUANCE SYSTEM	STATUS	ADTC (Y/N)
41	0224	011698	0198	INT	011698	EBT	ISSUED	N

"S" AND ENTER TO DISPLAY TRI-MONTHLY ISSUANCE DETAIL WHEN ADTC FLAG = 'Y'

2. If an individual is in an ADTC (indicator is Y), Tri-Monthly issuances are disbursed three times during the month in equal amounts on the 5th, 15th, and 25th of each month. You may view the Tri-Monthly Issuance Detail by entering an S to the left of the county number for the month you wish to view. Press Enter. The following Tri-Monthly Detail screen is displayed.

SLII ISSUANCE INQUIRY SCREEN

ID: 941147290 ISSUE CYCLE: 01 TYPE: 3
NAME: EBT CASE ACTION CODE: 00
ADDRESS: 695 PAMLER

RALEIGH NC 27603 TRANS CODE: 8 DATE: 011698
CERT FROM: 0198 TO: 1298
LAST AUTH: 030198 AMOUNT: 0122 BEN MO: 0398
EIS ID:

CTY	AMOUNT	DATE AUTH	BEN MO	TYPE	BENEFIT ISSUED	ISSUANCE SYSTEM	STATUS	ADTC (Y/N)
41	0122	030198	0398	REG	030198	EBT	ISSUED	Y
s 41	0122	020198	0298	REG	020198	EBT	ISSUED	Y
_ 41	0065	011698	0198	INT	011698	EBT	ISSUED	Y
_ 41	0122	011698	0198	RLB	011698	EBT	ISSUED	Y

S" AND ENTER TO DISPLAY TRI-MONTHLY ISSUANCE DETAIL WHEN ADTC FLAG = 'Y'

Change # 2-2001 ELECTRONIC BENEFITS TRANSFER (EBT) December 1, 2001

SLA319A	TRI-MONTHLY ISSUANCE INQUIRY SCREEN	01/27/98 13:58:49
FSIS ID#: 941147290 HOH: EBT CASE ORIGINAL BENEFIT AMOUNT: 0122 DATE AUTH: 020198 BEN MO : 0298 TYPE : REG BENEFIT ISSUED: 020198 ISSUANCE SYSTEM: EBT STATUS: ISSUED ADTC NO: 0003		COUNTY: 41
DAY AVAIL	TRI-MONTHLY AMOUNT	RELEASE DATE
05	0040	
15	0040	
25	0042	
MESSAGES : PF3: PREV SCREEN CLEAR:EXIT		

F. Reports

1. Daily Issuance Report (SLEN555-01)

EBT issuances are displayed on the Daily Issuance Report (SLEN555-01). It appears in NCXPTR under the name of:

DHRSL SLEN555-01 DAILY ISSUANCE

2. Monthly Benefit Issuance Report

Monthly EBT issuances are displayed on the Monthly Benefit Issuance report. It appears in NCXPTR under the name of:

DHRSL SLEM555-EBT MON ISS - EBT

3. Daily On-Line Issuance Report

Benefit issuances thru the SLSE function are displayed on the Daily On-Line Issuance report. It appears in NCXPTR under the name of:

DHRSLA SLEN950-EBT DLY ONLNISS

4. FSIS Issuances Being Held By EBTIS

This report is a daily report and displays EBT benefits that are being held by EBTIS when no account was set up; for example, an individual went directly into an ADTC. No account was set up for the individual. When the individual left the center, the individual did not notify the county dss of the new address; therefore, no card nor account was created. However, money left from the ADTC is not in any account. Complete a TC8 which displays the SLIC screen. With the completion of the TC8 and the SLIC screen, the account is created the night

Change # 2-2001

ELECTRONIC BENEFITS TRANSFER (EBT)

December 1, 2001

keyed and the benefits are moved to the account. The report appears in NCXPTR under the name of:

DHR EBT207-RB REJECT BENEF

5. Residents in Alcohol & Drug Treatment Center

This report displays the individuals included in the treatment center with the benefit amount and benefit availability date. This is a daily report to include daily additions and those currently in the center. This report is used by the treatment center to be aware of the amount of benefits available. The report appears in NCXPTR under the name of:

DHREBT EBT206-DC ADTC PEND BEN

6. City State Zip Code Error Report

The report is displayed in NCXPTR under the name of:

DHREBT EBT502-01-AE ADDRESS ERR

This is a daily report and displays address errors. An error code 35 defaults to the valid state (NC, SC, TN, GA, VA) based on the zip code. If the zip code is not for a valid state or if the error is one that is listed below, no information is sent and no account is set up in Citibank. The following is a listing of the error codes and definitions.

- 20 = ZIP CODE WAS EQUAL TO SPACES.
- 21 = ZIP CODE WAS NOT NUMERIC
- 22 = ZIP IN CITY-STATE WAS INVALID.
- 23 = ZIP CODE WAS NOT FOUND IN TABLE
- 24 = ZIP CODE AND STATE DO NOT AGREE
- 25 = ZIP RECEIVED NOT = TO ZIP IN CITY-STATE
- 30 = CITY STATE LINE WAS EMPTY.
- 31 = CITY STATE LINE WAS EQUAL TO 'NONE
- 33 = CITY AND/OR STATE ARE MISSING
- 34 = CITY NAME IS MISSING
- 35 = INVALID STATE CODE

600.03

NAME CHANGES AND EBT CARD REPLACEMENT ISSUED AT THE END OF THE MONTH

A report entitled PENDING END OF THE MONTH EBT CARD REPLACEMENTS DUE TO NAME CHANGE identifies pending EBT card replacements when a name change (first or last name) has been updated for the Head of Household, Authorized Representative, or both. This report is created nightly and is cumulative through the end of the month that the change is made.

If a name change is coded for an EBT card replacement to be issued at the end of the month, the case appears on the report. Name changes generated by Social Security, through EIS, or worker initiated name changes for Authorized Representatives are automatically coded by the system to

create a replacement card at the end of the month. No action is required of the county except to review the report for EBT card requests. This report is for information purposes only.

The report is displayed in NCXPTR under the name of:

DHREBT EBT108EP-01 PEND NAME CHG

When the name of the head of household and the authorized representative is changed the same month, the report displays two separate lines. One line displays the new head of household name with no authorized representative name present. The second line displays the head of household name and the authorized representative s new name.

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FORMS ON HOLD PROCESS

September 1, 2001

700.01 GENERAL

Transactions keyed on the SLUP/SLUO screens may be placed in hold status due to an error(s) or for second party review with no error.

When a transaction is placed in hold status, no action is processed online or in the nightly update; however, any information you have keyed for that transaction is retained. This information is displayed when you complete the SLIN transaction. Once the transaction is removed from hold status and the transaction processes online, the case is updated using the current processing method.

700.02 FORMS ON HOLD INDICATOR (FOH)

The Forms On Hold Indicator (FOH) is displayed on the SLUP, SLUO, and SLIN screen. The valid values are N or Y. An N is displayed in this field when the case does not have a transaction in hold status. A Y is displayed in this field when there is a transaction in hold status for the case.

Displayed below are the SLUP/SLUO and SLIN screens with the FOH indicator field.

SLUP - INITIAL APPLICATION		STANDARDS STARTING 10 01 99		Page 1 of 1	
Case ID	Cnty: Geo	Adm	Expedite	FOH	Tran Cd 1
Action Code	Appl Date		Cert From		Cert Thru
Sex/Race	MRRB Status		Start Issuance		Household Type
Type Issuance	Caseload Number		Assigned Worker		Temporary Wrkr
AFDC Cty Cs1	AFDC Cty Cs2		AFDC Cty Cs3		Cty Case No
Vuln/Type	E & T		Disaster Ind		Adeq Notice Flag
Address Line 1			Address Line 2		Tot HH
City/State			Zip Code		# Required Mbr
HH Reserve	Project Code		Regulator Delay		No Prorate
Rent/Mortgage	Real Est Tax		Househld Ins		Utilities
Utility type	Other Expense		Dep Care		Medical Exp
Claim Indicator	Retroactive		Retro Type		Claim Coll
Review Date 1	Review Type 1		Review Date 2		Review Type 2
Dependent Care Num	Intvw Date		Prev ID #		Adv Action Guard
D E P E N D E N T I N F O R M A T I O N					
MM	SSN	V	NAME	DOB	IN W EARN T PA T SS ASI I
01	000000000	0		0000000	0 0000 0 000 0 0000 0 0
	ID 0000000000	DEP CARE	000 LSO 0000	RACE 0 SEX 0	OTHR 0000 T1 0 T2 0
02	000000000	0		0000000	0 0000 0 000 0 0000 0 0
	ID 0000000000	DEP CARE	LSO 0000	RACE 0 SEX 0	OTHR 0000 T1 0 T2 0
ENTER=Process PF3=End (No Update) PF4=FOH CLEAR = Cancel					

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FORMS ON HOLD PROCESS

September 1, 2001

SLIN FOOD STAMP INQUIRY				PAGE 1 OF 2
ID NUMBER 123456789 0	NAME	XXXX X XXXXX	GEO ADM CO	3301
TRAN CODE 8 FOH N	ADDRESS-1	124 XXXXXX XX	ACTION CODE	00
TRAN DATE 013100	ADDRESS-2		APPL DATE	120999
CERT FROM 0100	CTY/STATE	ROCKY MOUNT NC	CERT THRU	0300
SEX/RACE 25	ZIPCODE 27801	MRRB STA 0	START ISS	0100
TYPE ISS 9	HH TYPE 2	TOTAL HH 03	CASELOAD	200
WORKER 045	RECD NBR 138	E & T	ADEQ NOTICE	
AFDC-1	AFDC-2	AFDC-3	PA MEMBRS	01
CTY CS# 0027354	VUL/TYPE VE	CLAIM 0	CLAIM COLL	0000
HH RESRV 0000000	PRO ALLOT	REG DELAY	NO PRORATE	N
RENT/MOR 30000	RE TAXES 00000	HH INS 00000	UTILITIES	20300
UTL TYPE 1	OTHR EXP 00000	TTL SHLTR 0503	EARN INC	0000
E I DED 0000	NET EARNND 0000	OTHER INC 0926	GROSS INC	0926
STD DED 134	ADJ INC 0792	DEP CARE 0000	MED EXP	0000
EXCS SHLT 0107	EXPENSE 0107	NET ADJ 0685	HH INCLD	03
# REQ MBR 03	TFP 0335	BEN REDU 0206	RESTR ADJ	0000
RESTR RSN 00	ALLOTMENT 0129	\$2 BOOKS 00	\$7 BOOKS	02
\$10 BOOKS 00	\$40 BOOKS 00	\$50 BOOKS 01	\$65 BOOKS	01
RVW DATE1 0000	RVW TYPE1 0	RVW DATE2 0000	RVW TYPE2	0
MAIL CODE 02	EXPEDITE 0	PRV ID 000000000	DEP CARE NUM	00
PROJ CODE EIS CASE ID	P/X TO VIEW DEPENDENTS (X=PAGE TO VIEW)			
CP 0 INTVW MONTH 00	DIS IND ENTER-CONTINUE PF2-SLA980A PF3-PREVIOUS			

A. Forms On Hold Inquiry Screen (SLFI)

When a transaction is placed in hold status, the case is displayed on the Forms On Hold Inquiry (SLFI) screen. The screen displays all cases for your county that are in hold status. The transactions are sorted by worker number, transaction date, and case ID. From the FSIS Menu screen, select the SLFI transaction. Press ENTER. The SLFI screen is displayed.

SLA3601 FORMS ON HOLD INQUIRY SCREEN COUNTY XX			
FSIS CASE ID	TRANSACTION DATE	WORKER NUMBER	TRAN CODE
123456789 0	05012000	E08	3
234567890 1	04272000	F05	2
345678901 2	04172000	220	2
456789012 3	05012000	884	3
MESSAGE			
TO SCROLL PF12: CANCEL		PAGE 0001	

B. Forms On Hold Delete Screen (SLFD)

When a transaction is placed in hold status, the case is displayed on the Forms On Hold Delete (SLFD) screen. The screen displays all cases for your county that are in hold status. The transactions are sorted by worker number, case ID number, and transaction

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FORMS ON HOLD PROCESS

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date. From the FSIS Menu screen, select the SLFD transaction. Press ENTER. The SLFD screen is displayed.

SLA3601	FORMS ON HOLD DELETE SCREEN COUNTY XX			
	FSIS CASE ID	TRANSACTION DATE	WORKER NUMBER	TRAN CODE
	123456789 0	05012000	E08	3
	234567890 1	04272000	F05	2
	345678901 2	04172000	220	2
	456789012 3	05012000	884	3
MESSAGE				
ENTER (S) TO SELECT PF7/8:TO SCROLL PF12: CANCEL PAGE 0001				

700.03

PLACING A TRANSACTION IN HOLD STATUS

A. GENERAL

A transaction **can** be placed in hold status when completing an action using transaction codes 2, 3, 5, 6, 7, 8, or 9. A transaction **cannot** be placed in hold status when:

1. Completing an action using transaction code 1 because the FSIS case ID is not assigned until the transaction has processed. FSIS does not generate form numbers. The case ID is the key when the transaction is placed in hold status. The following message is displayed if the PF4 key is pressed. The FOH indicator field is protected and does not allow an entry of Y .

FORM ON HOLD (PF4) NOT ALLOWED FOR INITIAL APPLICATION (TC1)
2. Completing an action to remove an individual from the Food Stamp case by entering 00 (zeroes) in the member field. The following message is displayed if 00 has been entered for a member and you have entered Y in the FOH indicator field or pressed the PF4 key.

'FOH INVALID:MM=00/99, ENTER=PROCESS FORM & MM CHANGE TO PROD/PF3=END (NO UPDATE)'

NOTE: This message indicates you cannot place the form on hold; however you have the option to process the deletion of the individual immediately or end the action.

Completing an action to change the head of household by entering 99 in the member field. The following message is displayed if 99 has been entered for a member and you have entered Y in the FOH indicator field or pressed the PF4 key.

'FOH INVALID:MM=00/99, ENTER=PROCESS FORM & MM CHANGE TO PROD/PF3=END (NO UPDATE)'

NOTE: This message indicates you cannot place the form on hold; however you have the option to process the change in head of household immediately or end the action.

B. TRANSACTION PLACED ON HOLD WITH NO ERRORS

1. Key Y in the Forms On Hold (FOH) Indicator field. Enter appropriate information for the action that you are completing and press the PF2 key when prompted. The SLMU screen is displayed with the message: FORM PLACED ON HOLD AND MASTER FILE FOH IND UPDATED, or

Enter appropriate information for the action that you are completing. The transaction can be placed on hold at anytime during the transaction by pressing the PF4. Once the PF4 key is pressed, the SLMU screen is displayed with the message: FORM PLACED ON HOLD AND MASTER FILE FOH IND UPDATED.

2. The transaction is displayed on the SLFI inquiry screen and the SLFD delete screen.
3. The SLIN screen is updated with the FOH indicator of Y .

C. TRANSACTION PLACED ON HOLD WITH ERRORS

1. Press the PF4 key or if on page 1 of the SLUP/SLUO screen, you can enter a Y in the FOH indicator field. The SLMU screen is displayed with the message: FORM PLACED ON HOLD AND MASTER FILE FOH IND UPDATED.
2. The transaction is displayed on the SLFI inquiry screen and the SLFD delete screen.
3. The SLIN screen is updated with the FOH indicator of Y .

D. TRANSACTION PLACED ON HOLD WITH ERRORS BY FSIS

1. If the worker exceeds five errors, the system automatically places the transaction in hold status automatically. The SLMU screen is displayed with the message: FORM PLACED ON HOLD AND MASTER FILE FOH IND UPDATED.
2. If adding an individual to a case with any transaction other than TC1 or at the same time as removing an individual and demographic data is incomplete, the message, 'INDIVIDUAL ID, ID NO. NAME, DOB, ETC., REQUIRED. USE SLNC TO UPDATE', is displayed and the transaction is placed in hold status.
3. The transaction is displayed on the SLFI inquiry screen and the SLFD delete screen.
4. The SLIN screen is updated with the FOH indicator of Y .

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FORMS ON HOLD PROCESS

December 1, 2001

700.04

REMOVING A TRANSACTION FROM HOLD STATUS

A. REENTRY OF TRANSACTION

1. Complete reentry of the transaction using the SLMU menu. Enter SLUP/SLUO, FSIS Case ID, Check Digit, and the same transaction code used when the transaction was placed in hold status. The action that was in hold status is displayed with the message, CASE IN A HOLD STATUS and the FOH indicator is Y .
 - a. If you key a transaction other than the transaction that is in hold status, the following error message is displayed on the SLMU menu screen:

**'TRANSACTION (TRANS CODE) DOES NOT MATCH THE
PREVIOUS FOH TRANS CODE OF (TRANS CODE)'**
 - b. If you placed a transaction in hold status with an invalid date of application, cert from, cert thru, or start issue date, you cannot complete a reentry. You must delete the transaction and rekey.
2. If no errors, change the FOH indicator from Y to N and press ENTER. Press the PF2 key when prompted to process the action.
3. If errors, change the FOH indicator from Y to N , correct the error(s), and press ENTER. Press the PF2 key when prompted to process the action.
4. The transaction is removed from both the SLFI and the SLFD screens, and the SLIN screen is updated with the FOH indicator of N .

B. SLFD (Forms On Hold Delete Screen)

From the FSIS Menu screen, select the SLFD transaction. Press ENTER. The SLFD screen is displayed.

SLA3601	FORMS ON HOLD	DELETE	SCREEN	COUNTY	XX
FSIS CASE ID	TRANSACTION DATE	WORKER NUMBER	TRAN CODE		
— 123456789 0	05012000	E08	3		
— 234567890 1	04272000	F05	2		
— 345678901 2	04172000	220	2		
— 456789012 3	05012000	884	3		
MESSAGE					
ENTER (S) TO SELECT PF7/8:TO SCROLL PF12: CANCEL PAGE 0001					

Enter an S to the left of the case ID to be deleted. Press Enter. A prompt is displayed to press the PF4 key to confirm the deletion of the transaction. Press the P4 key. The transaction is removed from hold status and from the SLFI screen. The FOH indicator is changed to N on the SLIN screen.

C. AFS Transaction

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FORMS ON HOLD PROCESS

December 1, 2001

When an AFS transaction is received from EIS to combine with a case that is in hold status, the transaction that is in hold status is deleted, the FOH indicator is changed to N , and the case is combined. The deleted transaction is displayed on the FORMS REMOVED FROM HOLD STATUS DUE TO COMBINE FS TRANSACTION FROM EIS report. This report is displayed in NCXPTR under the name:

DHR SLA SLA781EP FOH WF DEL AUDIT

No hardcopy of this report is generated.

D. EPICS Transaction

1. When there is a transaction in hold status and an update is completed based on information received from EPICS, the transaction is removed from hold status. The food stamp case is updated, and the case is displayed on the report: 'Forms Removed From Hold Status Due To EPICS Update'. No hard copy of this report is created but appears in X/PTR under the name: 'DHRSLA SLA782EP FOH EPICS DELETE'.

The report is sorted by county number, worker number, and in alphabetical order within worker number. The report is created nightly and there may be up to 90 versions.

9/25/2001		N.C. DEPARTMENT OF HEALTH AND HUMAN RESOURCES		PAGE 1	
		FOOD STAMP INFORMATION SYSTEM		REPORT NO: SLA782EP	
		FORMS REMOVED FROM HOLD STATUS DUE EPICS UPDATE		RETAIN: ADMIN VALUE	
COUNTY:					
WKR	CK	TRANS			
NO	ID NO	DGT	HEAD OF HOUSEHOLD	TC	EFF DATE

2. A transaction record is created for all food stamp cases updated as a result of the EPICS file. use the Transaction Tracking (SLTR) to view the cases. Enter EPICS as the user id or enter the FSIS case ID number. EPICS is displayed as the user id.

Change # 1-2001

SLSE –EBT ISSUANCE

September 1, 2001

800.01 GENERAL

The SLSE EBT Issuance Screen is used to issue food stamp benefits that could not be issued through SLUP/SLUO process or to cancel benefits that are in authorized status. The benefits are displayed immediately on the SLII screen in AUTHORIZED or CANCELLED status.

800.02 SLSE - EBT ISSUANCE SCREEN

From the FOOD STAMP UPDATE MENU, key the transaction number for the SLSE transaction. Press ENTER. A prompt is displayed to enter the food stamp case ID number. Press ENTER. The following screen is displayed.

SLSE		ON-LINE STAMP STATUS				
ID:	123456789	ISSUE CYCLE:	03	TYPE:	3	
NAME:	EBT CASE	ACTION CODE:	00			
ADDRESS:	123 CASE ST					
		TRANS CODE:	2	DATE:	040198	
RALEIGH NC 27603		CERT FROM:	040198	TO:	093098	
LAST AUTH:	040198	AMOUNT:	0100	BEN MO:	0498	
ISSUE STAMP REASON:		AMOUNT:		BEN MO		AFFIDAVIT DATE:
CANCEL	:					
AMOUNT	AUTH	BEN MO	TYPE	STATUS	ISSUED	
0020	052298	0598	SUP	AUTHORIZED		
0100	051598	0598	SUP	CANCELED		
0100	040198	0498	INT	ISSUED	040598	

A. Screen Description

The upper part of the screen displays case identifying and selected case data. The center line displays details from the last on-line authorization (Last Issued). The lower line is to be used for a desired action and is followed by a list of up to the last 8 authorizations.

B Issuance Reason Codes

Y Initial Issuance
R Restoration of benefits for a household that is currently certified
W Supplement for a reported change and miscellaneous reasons
Z Supplement to replace food destroyed in a disaster
This code may be used when the food stamp case contains a Disaster Indicator of D .
N Restoration of benefits for a household not currently certified
O Benefits stolen under duress

Reason codes W, Z, and O generate a supplemental issuance and is displayed under TYPE as SUP .

Change # 1-2001**SLSE –EBT ISSUANCE****September 1, 2001**

Reason code Y generates an initial issuance and is displayed under TYPE as INT .

Reason codes R and N generate a restoration issuance and is displayed under TYPE as RLB .

C Issue Status Codes

The issue status codes outlined below are system generated and cannot be changed using this screen.

- 0 Authorized
- 1 Issued
- 7 Canceled

D Generation of an Issuance

1. Enter the issuance reason code.
2. Enter the amount (four digits - use leading zeroes).
3. Enter the benefit month (four digits - MMY).
4. Enter the affidavit date if the issuance reason code is O (six digits - MMDDYY).
5. Press Enter. A message appears PF2 TO ISSUE STAMPS - ENTER FOR CHANGES . Before pressing PF2, double check to ensure all entries are correct. If correct, press PF2. Once PF2 is pressed, a screen is displayed with the message ISSUANCE ACCEPTED AND RECORDED

The issuance is immediately available on the SLII (Issuance Information) screen.

E Cancellation of an Issuance

You may only cancel an issuance if the STATUS of the issuance is AUTHORIZED.

1. Enter an X after CANCEL.
2. Enter an X before the issuance on the listing to be canceled.
3. Press Enter. A message appears PF2 TO CANCEL ISSUANCE - ENTER FOR CHANGES . Before pressing PF2, double check to ensure all entries are correct. If correct, press PF2. Once PF2 is pressed a screen is displayed with the message STATUS OF ISSUANCE WAS UPDATED BY ANOTHER USER .

The issuance status changes from AUTHORIZED to CANCELED.

F. Correction of Information

Once an issuance is entered with the final step of PF2, corrections are not possible. The issuance may be canceled. Generate another issuance (but only one per day). If the canceled issuance is a regular or original issuance, the next issuance must be a supplemental code. The system does not generate two regular issuances in the same month.

Change # 1-2001**SLSE –EBT ISSUANCE****September 1, 2001**

G. Update An Address On A Denied/Closed Case Or Pending Application

Note: If there is no EBT account set up for the case, no information is sent to Citibank.

Move the cursor to the address area. Change the address. The case identification and other case data cannot be changed. The case is updated with the change of address along with the transaction date. The changed address is sent to Citibank. The record number is not changed.

H. Multiple Actions

Only one of the above actions may be completed on each entry. Do not try to combine actions such as generating an issuance and cancellation of an issuance. Entry requests can be combined on one DSS-8593, but the separate screen entries are necessary.

Change # 1-2001

FSIS DISASTER INSTRUCTIONS

September 1, 2001

900.01 GENERAL

A disaster is defined as an event that is severe enough for the United States Department of Agriculture, upon petition from the State, to give approval to the state office to authorize disaster food stamp applications. Once this authorization is received, the state office begins the process by which FSIS is updated to allow disaster cases to be keyed. The county is notified of the disaster period and when the county may begin keying disaster applications. Outlined below are the disaster application instructions that are used when the county is notified that keying may begin.

900.02 DISASTER APPLICATION PROCESS

All disaster applications must be completed through the SLUP process and use Transaction Code 1, even if there has been a previous food stamp case for the household. This does not apply to food stamp cases that are active as of the time of the disaster.

- A. Complete a thorough name search. Assign an individual ID number to any individual that is to be included on the disaster application if one has not already been assigned.

From the FOOD STAMP INQUIRY MENU or the FOOD STAMP UPDATE MENU, enter the SLMU - Menu - SLUP/SLUO/SLIN item. Press ENTER. The CERTIFICATION MENU SCREEN is displayed.

SLMU	FOOD STAMP INFORMATION SYSTEM	Date 05/21/01
	=====	Time 07:41:07
	CERTIFICATION MENU SCREEN	

Transaction ID	: SLUP (SLUP, SLUO, or SLIN)	
FSIS Case ID	: (NOT Required For Initial Application)	
Check Digit	: (NOT Required For SLIN)	
Transaction Code	: 1 (REQUIRED For SLUP or SLUO:-	
	1 = Initial Application	
	2 = Certification	
	3 = Reopen a Closed Case	
	5 = Denial	
	6 = Redetermination	
	7 = Closure	
	8 = Intermediate Change	
	9 = Restoration and Recoupment)	
Enter Required Data or 'CLEAR' To End		

Change # 1-2001

FSIS DISASTER INSTRUCTIONS

September 1, 2001

Press ENTER from the CERTIFICATION MENU SCREEN. The SLUP screen is displayed.

SLUP - INITIAL APPLICATION		STANDARDS STARTING 03 01 01		Page 1 of 1	
Case ID	Cnty: Geo	Adm	Expedite	FOH	Tran Cd 1
Action Code	Appl Date		Cert From		Cert Thru
Sex/Race	MRRB Status		Start Issuance		Household Type
Type Issuance	Caseload Number		Assigned Worker		Temporary Wrkr
AFDC Cty Cs1	AFDC Cty Cs2		AFDC Cty Cs3		Cty Case No
Vuln/Type	E & T		Disaster Ind		Adeq Notice Flag
Address Line 1			Address Line 2		Tot HH
City/State			Zip Code		# Required Mbr
HH Reserve	Project Code		Regulator Delay		No Prorate
Rent/Mortgage	Real Est Tax		Househld Ins		Utilities
Utility type	Other Expense		Dep Care		Medical Exp
Claim Indicator	Retroactive		Retro Type		Claim Coll
Review Date 1	Review Type 1		Review Date 2		Review Type 2
Dependent Care Num	Intvw Date		Prev ID #		Adv Action Guard
-----D E P E N D E N T I N F O R M A T I O N-----					
MM	SSN	V	NAME	DOB	IN W EARN T PA T SS ASI I
01	000000000	0		0000000	0 0000 0 0000 0 0
	ID 0000000000	DEP CARE 000	LSO 0000	RACE 0	SEX 0 OTHR 0000 T1 0 T2 0
02	000000000	0		0000000	0 0000 0 0000 0 0
	ID 0000000000	DEP CARE 000	LSO 0000	RACE 0	SEX 0 OTHR 0000 T1 0 T2 0
ENTER=Process PF3=End(No Update) PF4=FOH CLEAR=Cancel					

- B. Key all necessary information for a Transaction Code 1, including the Disaster Indicator of D and each individual ID number that is to be included on the food stamp disaster application. Press ENTER. The SLMU CERTIFICATION MENU is displayed with the application processed and the FSIS case ID number assigned.
- C. From the SLMU Certification Menu, key a Transaction Code 2 to approve the disaster application or key a Transaction Code 5 to deny the disaster application. Press ENTER. The SLUP screen is displayed.

Change # 1-2001

FSIS DISASTER INSTRUCTIONS

September 1, 2001

SLUP - INITIAL APPLICATION		STANDARDS STARTING 03 01 01		Page 1 of 1	
Case ID	Cnty: Geo	Adm	Expedite	FOH	Tran Cd 1
Action Code	Appl Date		Cert From		Cert Thru
Sex/Race	MRRB Status		Start Issuance		Household Type
Type Issuance	Caseload Number		Assigned Worker		Temporary Wrkr
AFDC Cty Cs1	AFDC Cty Cs2		AFDC Cty Cs3		Cty Case No
Vuln/Type	E & T		Disaster Ind D		Adeq Notice Flag
Address Line 1			Address Line 2		Tot HH
City/State			Zip Code		# Required Mbr
HH Reserve	Project Code		Regulator Delay		No Prorate
Rent/Mortgage	Real Est Tax		Househld Ins		Utilities
Utility type	Other Expense		Dep Care		Medical Exp
Claim Indicator	Retroactive		Retro Type		Claim Coll
Review Date 1	Review Type 1		Review Date 2		Review Type 2
Dependent Care Num	Intvw Date		Prev ID #		Adv Action Guard
-----D E P E N D E N T I N F O R M A T I O N-----					
MM	SSN	V	NAME	DOB	IN W EARN T PA T SS ASI I
01	000000000	0		00000000	0000 0 000 0 0000 0 0
	ID 0000000000	DEP CARE 000	LSO 0000	RACE 0 SEX 0	OTHR 0000 T1 0 T2 0
02	000000000	0		00000000	0000 0 000 0 0000 0 0
	ID 0000000000	DEP CARE 000	LSO 0000	RACE 0 SEX 0	OTHR 0000 T1 0 T2 0
NTER=Process PF3=End(No Update) PF4=FOH CLEAR=Cancel					

1. Transaction Code 2

a. Key all necessary information for the Transaction Code 2. The transaction code 2 information is the same as regular food stamp cases except:

- (1) There is only a one month certification period,
- (2) The disaster indicator is a D ,
- (3) Do not enter an N in the No Prorate field, the system defaults to an N .
- (4) Do not enter a Work Registration code for any individual. Leave blank.
- (5) A SLUI screen is displayed to issue a disaster EBT card and set up a disaster EBT account instead of the SLIC screen.

Note: If the Disaster Indicator was not keyed at the time the TC1 was keyed, you may key the 'D' in the Disaster Indicator field at the time of the TC2; however, the

Disaster Indicator field does not allow an entry when completing a TC5.

Once all necessary information has been keyed for the case, the SLUI screen is displayed.

SLUI / SLA997A FSIS/EBTIS DISASTER SUI ENTRY SCREEN DATE: 05/21/01
TIME: 08:39:05

FSIS CASE ID :
NAME :

PLEASE ENTER THE LAST 4 DIGIT PAN NUMBER :
LAST 7 DIGIT SUI NUMBER :

DO YOU WISH TO CONTINUE : Y(Y/N)

ENTER = PROCESS INFORMATION

- b. Key the 4 digit PAN Number and 7 digit SUI number. These numbers are provided to the county by the state office. Each county is assigned a sequence of prepinned disaster EBT cards and the disaster EBT cards are delivered to each disaster county. Make sure you have keyed unused PAN and SUI numbers. Press ENTER. If the number(s) has already been used, a message and information is displayed and you must correct. If all information is correct, you are prompted to press ENTER twice to update.

Note: The SLUI screen may be accessed directly from the Food Stamp Update Menu if a correction is needed. A prompt is displayed to key the FSIS case ID number when the SLUI transaction item is keyed. The transaction must be corrected the same day the TC2 is keyed.

- c. The SLMU menu is displayed with the message:

'CASE REC UPDATED, SUI ASSIGNED FOR THIS CASE'

The disaster DSS-8590 is printed in the nightly update and mailed to the county dss the next workday.

- d. If a D is not keyed in the Disaster Indicator field and you have completed a TC2, the EBT account is set up as a regular EBT account. To correct, you must complete a TC7 to close the case on the **same day the TC2 is keyed**. Key another TC1 with the D in the Disaster Indicator field. Complete the TC2 to certify the disaster food stamp case.
- e. FSIS closes the disaster case the month following the certification thru date.

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FSIS DISASTER INSTRUCTIONS

September 1, 2001

2. Transaction Code 5

If the disaster application must be denied, use Transaction Code 5 and key all necessary information on the SLUP screen to deny the application. There is no difference in keying a denial for a disaster application and a regular food stamp application, except the disaster indicator is a D for the disaster application. The disaster DSS-8590 is printed in the nightly update and mailed to the county dss the next workday.

Note: If the Disaster Indicator was not keyed at the time the TC1 was keyed, the Disaster Indicator is not allowed when completing a TC5.

900.03 DISASTER FOOD STAMP CASE TO A REGULAR FOOD STAMP CASE

If the food stamp case is to continue after the disaster period, you must complete a TC7 to close the disaster food stamp case (if prior to the system closure). Complete a TC1 or TC3 (if there was a regular food stamp case prior to the disaster food stamp case). Complete a TC2 to certify the food stamp case. You cannot use the disaster FSIS case ID for the regular food stamp case. The household cannot use the disaster EBT card for regular benefits. If the household does not have a regular EBT card, you must issue a regular EBT card through the SLIC screen for regular food stamp benefits.

900.04 EBT DISASTER MANIFEST - SLMF

The EBT Disaster Manifest is used to determine if the PAN and SUI numbers have been assigned to a case.

- A. From the FOOD STAMP INQUIRY MENU, key the SLMF item number. Press ENTER. The FOOD STAMP CITIBANK ELECTRONIC MANIFEST INQUIRY SCREEN is displayed.

SLMF/SLA380A FOOD STAMP CITIBANK ELECTRONIC MANIFEST INQUIRY SCREEN					PAGE
DATE: 07/26/2001		TIME: 12:23:26			
PLEASE ENTER SUI NUMBER FROM:		_____		TO:	_____
_____		_____			
SUI NUMBER	PAN NUMBER	FSIS CASE ID	CLIENT NAME (flrst 19 chars)	DEPENDENT ID	SSN
ENTER - PROCESS PF3/CLEAR - EXIT PF7 - BACKWARD PF8 - FORWARD					

- B. Key the beginning and ending SUI numbers assigned to your county in the FROM and TO fields. Press ENTER. The screen displays the SUI and the PAN numbers for the range that was keyed. For the SUI and the PAN numbers that have been assigned, the FSIS Case ID, Client Name (head of household), Dependent ID, and SSN are displayed.

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FSIS DISASTER INSTRUCTIONS

September 1, 2001

SLMF/SLA380A FOOD STAMP CITIBANK ELECTRONIC MANIFEST INQUIRY SCREEN PAGE					
DATE: 07/26/2001			TIME: 12:23:26		
PLEASE ENTER SUI NUMBER FROM: 8xxxxxx001 TO: 8xxxxxx500					
SUI NUMBER	PAN NUMBER	FSIS CASE ID	CLIENT NAME (first 19 chars)	DEPENDENT ID	SSN
8xxxxx001	508xxxx06533969	946xxx662	JOHN B DOE	123436789r	222222222
8xxxxx002	508xxxx06533977	946xxx663	JANE A DOE	123456789q	111111111
8xxxxx003	508xxxx06533985				
8xxxxx004	508xxxx06533993				
ENTER - PROCESS PF3/CLEAR - EXIT PF7 - BACKWARD PF8 - FORWARD					

900.05 REPLACEMENT OF DISASTER EBT CARDS

- A. If a disaster EBT card has been reported lost/stolen, follow the current EBT card replacement procedures that are used for regular EBT cards.
- B. If the disaster EBT card was assigned incorrectly to a disaster case, the worker must:
 1. Deactivate the incorrect EBT card through the Citibank Administrative Terminal, and
 2. Use the SLUI screen to issue a new card for the case. A new account is also set up for the case.
 - a. From the FOOD STAMP UPDATE MENU, key the SLUI transaction item. Press ENTER.
 - b. A prompt is received to key the FSIS case ID number. Key the disaster FSIS case ID number. Press ENTER. The FSIS/EBTIS DISASTER SUI ENTRY SCREEN is displayed with the SLUI and PAN numbers assigned to the case and a prompt to change information.

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FSIS DISASTER INSTRUCTIONS

September 1, 2001

SLUI/SLA997A	FSIS/EBTIS DISASTER SUI ENTRY SCREEN	DATE 07/26/01
	TIME: 08:25:48	
FSIS CASE ID: 946267757		
NAME :TEST DAYIA		
YOUR LAST 4 DIGIT PAN NUMBER : 2725		
LAST 7 DIGIT SUI NUMBER : 0000006		
DO YOU WISH TO ASSIGN A NEW SUI/PAN :y		
ENTER = PROCESS INFORMATION		

- c. Key the new unused SUI and PAN numbers, 'Y' to continue, and Press ENTER. FSIS checks to ensure the numbers have not already been used. If the numbers have not been used, the information is sent to Citibank in the nightly update and a new account is set up with the case ID and the new SUI and PAN numbers.

NOTE: BECAUSE OF DEACTIVATION OF THE INCORRECT EBT CARD, THE CLIENT CAN NO LONGER ACCESS ANY BENEFITS THAT MAY BE IN THE INCORRECT ACCOUNT. AN SLSE TRANSACTION (DSS-8593) MAY BE COMPLETED TO ISSUE THE BALANCE IN THE ACCOUNT AS A SUPPLEMENTAL FOR THE DISASTER CASE ONCE THE NEW ACCOUNT HAS BEEN SET UP.

900.06 REPORTS

The following reports are generated during the disaster period to identify disaster applications, application approvals, issuances, and denials.

A. Daily Disaster Issuance Report

This report is a daily report displaying all disaster issuances. The TYPE is displayed as DIS during the disaster period. The report is available through X/PTR under the name of:

'DHRSL SLEN555-01 DAILY ISSUANCE'

During a disaster, this report is run twice, once to display regular daily issuances and second to display all the daily disaster issuances.

B. Cumulative Disaster Report

This report is a cumulative total of disaster applications taken, disaster application approvals, and disaster denials during the disaster period. It also displays transaction code 6 and transaction code 7 actions. The report displays:

1. The FSIS case ID number,
2. The head of household name, address, and social security number,
3. The disaster benefit amount,
4. The action code,
5. The transaction code,
6. The transaction effective date,
7. The EBT card issued status (Y or N),
8. The type issuance code, and
9. The total transactions by type and total benefit amount by transaction type.

The report is available through X/PTR under the name of:

'DHRSLA ACUMULATIVE DISASTER RPT'

C. Disaster Denial Report

This report is a daily report during the disaster period. The report displays the number of denials by closure codes. The report is available through X/PTR under the name of:

'DHRSLA SLA882EP-01 DIS DENIALS'

D. Disaster DSS-8590

The disaster DSS-8590 s are not printed on the county computers, but are printed in the nightly update and mailed to the county dss the next workday.

1000.01 GENERAL

The FSIS support system is designed to automate the application and certification functions necessary to authorize food stamp households for participation in the USDA Temporary Emergency Food Assistance Program. The system further facilitates the accountability process and distribution function by the addition of the system flexibility to print authorized product amounts which conform to the number of product units the county anticipates having available for distribution. The system includes the functions and procedures outlined below.

- A. An authorization notice is printed for each food stamp household certified at the time of selection. The notice serves as the official application form, as well as verification of the receipt of the indicated quantities of food. Any household eligible for food stamp benefits at the time of selection remains eligible for the distribution month, even if the certification period expires at the end of the selection month. For example, if a household receives an authorization notice, it is eligible to receive commodities in the distribution month shown, even if it is no longer eligible for food stamp benefits. The authorization notice for commodity distribution is the issuance document that is mailed to all food stamp households certified at the time of the FSIS selection. Notices are printed the night of the cutoff date for foods to be distributed the following month. The notices are mailed directly to the households with the county s return address. The notice contains the name and address of the head of household, county name and number, food stamp county case number, FSIS case ID number, household size, month of commodity distribution, authorized foods to be distributed, quantity of food to be distributed (or a blank line), and a message.
- B. Counties must use the SLCD function to initiate the commodity process. The SLCD allows entry of :
 - 1. Month of Next Issuance
 - 2. Foods to be Distributed
 - 3. Quarterly Distribution Only
 - 4. Reduction Factor (*RED*) to indicate Authorized Quantity of Product
 - 5. A County Level Individualized Message

The county must key which commodities will be distributed by entering an X by each commodity selected for the distribution date. Only the commodities selected are displayed on the authorization notice under Authorized Foods . Based on the reduction factor indicator keyed, the notice displays beside each commodity selected the USDA authorized unit of product, any lower amount or a blank line.

If a county chooses to have the standard (or lower) quantity printed, and must change that quantity at distribution, the distributing official must mark through the printed amount and indicate the amount actually distributed. If the county chooses not to have the quantity entered by the system, the distributing official must write in the amount distributed.

- C. An inquiry screen (SLDI) is available to obtain information that has been entered into FSIS for commodity distribution.
- D. A register containing similar information to that printed on the notice is created and mailed to the counties at the same time the notices are created.

Change # 1-2001**COMMODITY DISTRIBUTION****September 1, 2001**

- E. After the notices are created, the issuance function is disabled for counties issued. The system does not print notices again unless new entries are made. At least a new distribution month must be entered, with foods, quantities, frequency, and message changed as needed. The issuance function is activated with the entry of a new distribution month. If foods, quantities, and message changes are needed, a new entry can be made on any or all of these items; however, it is not necessary to make a new entry on these items if there is no change from the immediately preceding distribution.
- F. Date, time, and locations of distribution must be disseminated locally. These items can be included as part of the message and is printed on the notice.
- G. The cutoff date for commodity distribution entry via the SLCD function is the third working day prior to the end of the month. The authorization notices are mailed by the 5th calendar day of the distribution month.
- H. If a county does not make a selection for the distribution month before the cutoff date, entry of distribution is not possible. For example, if the next distribution date is 12/00, entry is not possible after November 28. In this situation, enter the code letter 'O' in the override distribution code field and change other distribution information if needed. The Food Stamp Automation Unit must be contacted before authorization notices can be created.

Change # 1-2001

COMMODITY DISTRIBUTION

September 1, 2001

1000.02 SLCD TRANSACTION ACCESS

From the FOOD STAMP UPDATE MENU, enter the transaction number for the SLCD transaction. The following screen is displayed.

SLCD	COUNTY XX	FSIS COMMODITY DISTRIBUTION		03/19/2001
DATE KEYED	03/19/2001	FOR	NEXT DISTRIBUTION DATE 042001	
FREQUENCY Q			OVERRIDE DISTRIBUTION CODE	
	RED		*RED*	*RED*
CEREAL		CRANAPPLJUIC		CRANBERRY SA
FIGS		FLOUR		GRAPEJUICE
PEANUT BUTTE		PEARS		RICE
SPAGHETTI		STRAWBERRIES		TOMATOES
TOMATO SAUCE		VEGETABLE OI		
ENTER MESSAGE ===>				
KEY DISTRIBUTION INFORMATION AND PRESS ENTER TO PROCESS.				
PRESS PF3 TO END TRANSACTION.				

A. Frequency - Enter Q (quarterly) only.

Next Distribution Date Enter the month of the next commodity distribution, MMCCYY.

Commodity Selection Enter an X beside each commodity selected for the distribution month.

B. *RED* - Enter a two digit reduction factor for each commodity selected. The amount of product authorized for each household size is reduced by the number entered in the reduction factor field, except that no amount is reduced to less than one. For example, to reduce a USDA authorized quantity of 13 units to only one unit, the county must enter a reduction factor of 12 . To accommodate instances in which the county cannot anticipate the amount of commodity it will have available, enter a B next the commodity selection. A blank line is displayed on the report. If the county wants the USAD authorized amount to be unchanged, a reduction factor of 00 must be entered by the commodity selection.

C. Message Enter any message that is to be printed on the authorization notice. The message allows 12 lines of text with 44 spaces available for each line.

D. Press ENTER to process. The SLCD screen displays the message: UPDATE SUCCESSFUL .

If a previously selected product must be deleted, move the cursor to the X by the product to be deleted and press the space bar to remove the X . The move the cursor to

the *RED* field and press the space bar twice to remove the double digit reduction fact. Press ENTER.

E. Commodity Distribution Register (SLER755-01)

The Commodity Distribution Register is created the night the authorization notices are created. The report lists all Food Stamp households certified at the time commodity authorization notices are created. It lists these households in alphabetical order, last name first, the address, food stamp county case number, household size, each type of commodity available with the presence of a quantity printed beside or a blank line (FSIS prints XXXs for all commodities the county does not select for distribution.), issue date, and a line for the initials of the distributing official.

1100.01 GENERAL

Transaction Tracking Inquiry (SLTR) allows transactions keyed through the SLUP/SLUO and SLSE processes to be viewed immediately after keying. The automated food stamp additions/changes may be viewed once the transaction has been received from the Eligibility Information System (EIS) and are identified by user ID SLA144 (new automated food stamp cases) or SLA145 (changes to existing automated food stamp cases, including the uncombine transaction). Any updates to a food stamp case from a mass change, the Enterprise Program Integrity Control System (EPCIS), or automatic corrections may be viewed and are identified by the User ID. The maximum number of transactions displayed is 200, and the transactions are sorted from the most recent to the oldest. Once six years has been accumulated transactions are available from January 2, 1998. To narrow your search, you may enter a county number within your Case ID or User ID search. The User ID may be your RACF ID number, SLA144, SLA145, EPICS, MASSCHG (Mass Change), or DIRM (automatic corrections). A start date must be entered or a complete date range (start and end date).

Up to six years of transactions will be available, once six years has been accumulated. Transactions are available from January 2, 1998. Any transaction prior to May 11, 2001, does not contain the data that was keyed/updated. These transactions are limited to the transaction date, transaction code, allotment, User ID (SLA144, SLA145, or RACF ID number), and the issued amount from the SLSE function. Mass change transactions prior to September 30, 2001, are not available. EPICS transactions prior to October 15, 2001, are not available.

1100.02 TRANSACTION TRACKING ACCESS AND NAVIGATION

- A. From the FSIS Inquiry Menu, select the Transaction Tracking (SLTR) item and press ENTER. The following FOOD STAMP INFORMATION SYSTEM CICS TRANSACTION TRACKING SLTR Screen is displayed:

Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
-------------------------	-------------------------------------	-------------------------

SLTR-SLA337A	FOOD STAMP INFORMATION SYSTEM CICS -- TRANSACTION TRACKING -- SLTR)	DATE 11/01/01
***** TRANSACTION INQUIRY *****		
PLEASE ENTER A 9 DIGIT CASE ID -		
OR		
PLEASE ENTER A 7 DIGIT USER ID -		
(DATE BEGIN OR DATE RANGE - CCYYMMDD -- MANDATORY)		
PLEASE ENTER AN 8 DIGIT START DATE -		END DATE -
***** SPECIFIC COUNTY INQUIRY *****		
(INDIVIDUAL COUNTYS ELECT - 99 -- OPTIONAL)		
PLEASE ENTER A 2 DIGIT COUNTY NUMBER -		
FS=CANCEL		"ENTER" KEY = CONTINUE

B. Transaction Tracking Inquiry By:

1. Case ID

- a. Enter the 9 digit case ID number. You must enter the Start Date or the Date Range (Start and End Date). You may enter the County Number option(s) with the Case ID number keyed. If the Start Date is not entered, the error message, *** DATE MANDATORY** is displayed.
- b. Press ENTER. The following FOOD STAMP INFORMATION SYSTEM TRANSACTION TRACKING SELECTION SCREEN is displayed if there are transaction records for the Case ID keyed. If there are more than 200 transactions for the Case ID number keyed, the message ***SLTRFPTH SELECTION EXCEEDS 200, is displayed; however, 200 transactions are displayed.
- c. If there is no transaction record for the Case ID number keyed, the error message, ***SLTRFILE REC NOT FND, is displayed.

SLTR	FOOD STAMP INFORMATION SYSTEM	DATE 02/01/2001
------	-------------------------------	-----------------

Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

TRANSACTION TRACKING SELECTION SCREEN												
CASE-ID 123456789												
SEL	TC	TRANS DATE	TRANS TIME	REC NO	WKR NO	TMP WKR NO	USER ID	ALLOT	SCRN	ENTRY DATE	ISS AMT	
	8	05142001	20:22:12	087	117		XXXXXXX	0222	SLSE	05152001	0122	
	6	04252001	09:22:12	088	117		XXXXXXX	0222	SLA144			
S	8	04182001	09:47:03	089	117		XXXXXXX	0222	SLUP			
	6	04162001	11:47:54	090	117		XXXXXXX	0221	SLUP			

PF7 SCROLL BACKWARD, PF8 SCROLL FORWARD
ENTER PROCESS, PF3/CLEAR END

d. To view a transaction, enter an S to the left of the transaction. Press ENTER.

e. The SLTR TRANSACTION TRACKING FOODSTAMP INQUIRY CASE STATUS screen is displayed when the transaction is selected. This screen is similar to the SLIN inquiry screen.

- (1) The **PROCESS** field displays SLUP, SLUO, BTCH (Batch), **MASSCHG, EPICS, or DIRM.**
- (2) The **PROCESS DATE** is displayed when the SLUP/SLUO transaction is keyed on one day and the nightly update cycle is completed the next worknight. For example, a transaction is keyed on Saturday. The update cycle is completed Monday night. The **PROCESS DATE** displays the Saturday date.

Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

SLTR – TRANSACTION TRACKING FOOD STAMP INQUIRY – CASE STATUS

PAGE 1 of 2

PROCESS SLUP	PROCESS DATE	ID NUMBER XXXXXXXXXX X	
NAME FOODSTAMP CLIENT	SEX/RACE 25		
USER-ID XXXXXXK	CTY CS# 1234567	PRV ID 123456789	GEO ADM CO XX00
ADDRESS-1 123 TEST ST		ADDRESS 2	
CTY/STATE RALEIGH NC		ZIPCODE 27603	DIS IND
TRAN CODE 8	TRAN DATE 04162001	TRAN TIME 11:47:54	RECD NBR 088
EIS CASE ID	WORKER 117	TEMP WKR	TYPE ISS 9
APPL DATE 12122000	CERT FROM 012001	CERT THRU 062001	START ISS 012001
ACTION CODE 00	CP 0	INTVW MONTH 00	EXPEDITE 0
HH INCLD 03	#REQ MBR 03	TOTAL HH 03	DEP CARE NUM 00
HH TYPE 2	HH INS 01869	PROJ CODE	DEP CARE 0000
CLAIM 0	CLAIM COLL 0000	TFP 0221	ALLOTMENT 0222
HH RESERV 0000000	MRRB STA 0	NO PRORATE	PRO ALLOT
NET EARND 0000	OTHER INC 0000	GROSS INC 0000	EARN INC 0000
STD DED 134	ADJ INC 0000	EXCS SHLT 0120	EXPENSE 0120
NET ADJ 0000	BEN REDU 0000	RESTR ADJ 0000	UTL TYPE 1
TTL SHLTR 0319	RENT/MOR 00000	RE TAXES 09779	OTHR EXP 00000
UTILITES 20300	E I DED 0000	MED EXP 0000	RESTR RSN 00
RVW DATE 1 0000	RVW TYPE1 0	RVW DATE2 0000	RVW TYPE2 0
E & T	ADEQ NOTICE	PA MEMBRS 01	VUL/TYPE VN

P/X TO VIEW DEPENDENTS (X = PAGE TO VIEW)

PF3 – OPID Inquiry Selection Menu PF8-Next Transaction PF7-Prev Transaction

SLTR – TRANSACTION TRACKING FOODSTAMP INQUIRY – CASE STATUS PAGE 2 OF 2

MM	SSN	V	NAME	DOB	IN	W	EARN	T	PA	T	SS	ASI	I
01	123456789	V	FOODSTAMP CLIENT	0921957	G	A	0000	0	000	L	0000	0	I
	ID 123456789K		DEP CARE 000 LSO 000	RACE B	SEX F	OTHR 0000	T1 0	T2 0					
02	223456789	V	FOODSTAMP CHILD	0919984	A	A	0000	0	000	0000	0	I	
	ID 223456789L		DEP CARE 000 LSO 000	RACE B	SEX F	OTHR 0000	T1 0	T2 0					
03	323456789	V	FOODSTAMP SON	0809988	A	A	0000	0	000	0000	0	I	
	ID 323456789M		DEP CARE 000 LSO 000	RACE B	SEX M	OTHR 0000	T1 0	T2 0					

P/X TO VIEW DEPENDENTS (X = PAGE TO VIEW)

PF3 – OPID Inquiry Selection Menu PF8-Next Transaction PF7-Prev Transaction



The SLTR TRANSACTION TRACKING FOOD STAMP INQUIRY EBT STAMP STATUS screen is displayed with selection of the SLSE transaction.

The top portion of the SLTR TRANSACTION TRACKING FOOD STAMP INQUIRY EBT STAMP STATUS screen displays what FSIS looked like at the time of the SLSE transaction and displays the new address if the address has been changed on a closed (TC7) or denied case (TC5). The bottom portion of the screen displays the information keyed, for example, a request for a supplemental benefit or a cancellation of an authorized benefit. The Auth Date is displayed when the supplemental was authorized or for a cancellation when the cancelled benefit was authorized.

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TRANSACTION TRACKING INQUIRY

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SLTR – TRANSACTION TRACKING FOOD STAMP INQUIRY		PAGE 1 OF 1	
EBT STAMP STATUS			
PROCESS SLSE		USER-ID 123456K	
ID NUMBER XXXXXXXXX X		NAME FOODSTAMP CLIENT	
ADDRESS-1 123 TEST ST		ADDRESS-2	
CTY/STATE RALEIGH NC		ZIPCODE 27603	
TRAN CODE 8	TRAN DATE 05142001	RECD NBR 090	
ISSUE CYCLE 08		AMOUNT 0222	
TYPE ISS 9		ACTION CODE 00	
CERT FROM 012001		CERT THRU 062001	
		LAST AUTH 04012001	
 SLSE TRAN DATE 051501		SLSE TRAN TIME 14:32:48	
TYPE OF ISSUE SUP		STATUS AUTHORIZED	
 ISSUE STMP RESN W AMT 122 BEN MO 042001 DATE AUTH 04202001			
CANCEL			
PF3 – OPID Inquiry Selection Menu PF8-Next Transaction PF7-Prev Transaction			

2. User ID

- a. Enter the 7 digit User ID number; however, for automated food stamp transactions the User ID would be SLA144 (new) or SLA145 (changes). With SLA144 and SLA145 transactions, response time may be slower. You may also use User ID's MASSCHG (Mass Change), EPICS (Claims), or DIRM (State corrections). You must enter the Start Date or the entire Date Range (Start and End Date). If the Start Date is not entered, the error message, ** DATE MANDATORY ** is displayed. You may enter the County Number option with the user ID number keyed.
- b. Press ENTER. The following FOOD STAMP INFORMATION SYSTEM TRANSACTION TRACKING SELECITON SCREEN is displayed if there are transaction records for the User ID keyed. If there are more than 200 transactions for the User ID number keyed, the message ***SLTRFPTH SELECTION EXCEEDS 200, is displayed; however, 200 transactions are displayed.
- c. If there is no transaction record for the user ID number keyed, the error message, ***SLTRFILE REC NOT FND, is displayed.

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TRANSACTION TRACKING INQUIRY

December 1, 2001

FOOD STAMP INFORMATION SYSTEM										DATE 02/01/2001																																																																											
TRANSACTION TRACKING SELECTION SCREEN																																																																																					
USER-ID 123456K																																																																																					
<table border="1"> <thead> <tr> <th rowspan="2">SEL</th> <th rowspan="2">TC</th> <th rowspan="2">TRANS DATE</th> <th rowspan="2">TRANS TIME</th> <th rowspan="2">REC NO</th> <th colspan="2">TMP</th> <th rowspan="2">CASE ID</th> <th rowspan="2">ALLOT</th> <th rowspan="2">SCRN</th> <th rowspan="2">ENTRY DATE</th> <th rowspan="2">ISS AMT</th> </tr> <tr> <th>WKR NO</th> <th>WKR NO</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td>087</td> <td>117</td> <td></td> <td>XXXXXXXXXX</td> <td></td> <td>SLSE</td> <td>05152001</td> <td>0122</td> </tr> <tr> <td></td> <td>8</td> <td>05142001</td> <td>20:22:12</td> <td>088</td> <td>117</td> <td></td> <td>XXXXXXXXXX</td> <td>0222</td> <td>SLA144</td> <td></td> <td></td> </tr> <tr> <td></td> <td>6</td> <td>04252001</td> <td>09:22:12</td> <td>089</td> <td>117</td> <td></td> <td>XXXXXXXXXX</td> <td>0222</td> <td>SLUP</td> <td></td> <td></td> </tr> <tr> <td>S</td> <td>8</td> <td>04182001</td> <td>09:47:03</td> <td>090</td> <td>117</td> <td></td> <td>XXXXXXXXXX</td> <td>0222</td> <td>SLUP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>8</td> <td>04162001</td> <td>11:47:54</td> <td>091</td> <td>117</td> <td></td> <td>XXXXXXXXXX</td> <td>0221</td> <td>SLUP</td> <td></td> <td></td> </tr> </tbody> </table>												SEL	TC	TRANS DATE	TRANS TIME	REC NO	TMP		CASE ID	ALLOT	SCRN	ENTRY DATE	ISS AMT	WKR NO	WKR NO					087	117		XXXXXXXXXX		SLSE	05152001	0122		8	05142001	20:22:12	088	117		XXXXXXXXXX	0222	SLA144				6	04252001	09:22:12	089	117		XXXXXXXXXX	0222	SLUP			S	8	04182001	09:47:03	090	117		XXXXXXXXXX	0222	SLUP				8	04162001	11:47:54	091	117		XXXXXXXXXX	0221	SLUP		
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	8	04162001	11:47:54	091	117		XXXXXXXXXX	0221	SLUP																																																																												
PF7 SCROOL BACKWARD, PF8 SCROLL FORWARD ENTER PROCESS, PF3/CLEAR END																																																																																					

d. To view a transaction, enter an S to the left of the transaction. Press ENTER.

e. The following SLTR TRANSACTION TRACKING FOODSTAMP INQUIRY CASE STATUS screen is displayed when the SLUP/SLUO/SLA144 or 145 is selected. This screen is similar to the SLIN inquiry screen.

- (1) The **PROCESS** field displays SLUP, SLUO, BTCH, **MASSCHG, EPICS, OR DIRM.**
- (2) The **PROCESS DATE** is displayed when the SLUP/SLUO transaction is keyed on one day and the nightly update cycle is completed the next worknight. For example, a transaction is keyed on Saturday. The update cycle is completed Monday night. The **PROCESS DATE** displays the Saturday date.

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TRANSACTION TRACKING INQUIRY

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SLTR – TRANSACTION TRACKING FOOD STAMP INQUIRY – CASE STATUS PAGE 1 OF 2

PROCESS SLUP		PROCESS DATE		ID NUMBER XXXXXXXXXX X	
NAME FOODSTAMP	CLIENT	SEX/RACE	25		
USER-ID XXXXXXK		CTY CS# 1234567	PRV ID 123456789	GEO ADM CO	XX00
ADDRESS-1 123 TEST ST			ADDRESS -2		
CTY/STATE RALEIGH NC			ZIPCODE 27603	DIS IND	
TRAN CODE 8	TRAN DATE 04182001		TRAN TIME 09:47:03	RECD NBR	088
EIS CASE ID	WORKER 117		TEMP WKR	TYPE ISS	9
APPL DATE 12012000	CERT FROM 012001		CERT THRU 062001	START ISS	012001
ACTION CODE 00	CP 0		INTVW MONTH 00	EXPEDITE	0
HH INCLD 03	#REQ MBR 03		TOTAL HH 03	DEP CARE NUM	00
HH TYPE 2	HH INS 01869		PROJ CODE	DEP CARE	0000
CLAIM 0	CLAIM COLL 0000		TFP 0221	ALLOTMENT	0222
HH RESERV 0000000	MRRB STA 0		NO PRORATE	PRO ALLOT	
NET EARND 0000	OTHER INC 0000		GROSS INC 0000	EARN INC	0000
STD DED 134	ADJ INC 0000		EXCS SHLT 0120	EXPENSE	0120
NET ADJ 0000	BEN REDU 0000		RESTR ADJ 0000	UTL TYPE	1
TTL SHLTR 0319	RENT/MOR 00000		RE TAXES 09779	OTHR EXP	00000
UTILITES 20300	E I DED 0000		MED EXP 0000	RESTR RSN	00
RVW DATE 1 0000	RVW TYPE1 0		RVW DATE2 0000	RVW TYPE2	0
E & T	ADEQ NOTICE		PA MEMBRS 01	VUL/TYPE	VN

P/X TO VIEW DEPENDENTS (X = PAGE TO VIEW)

PF3 – OPID Inquiry Selection Menu PF8-Next Transaction PF7-Prev Transaction

SLTR – TRANSACTION TRACKING FOODSTAMP INQUIRY – CASE STATUS PAGE 2 OF 2

MM	SSN	V	NAME	DOB	IN	W	EARN	T	PA	T	SS	ASI	I
01	123456789	V	FOODSTAMP CLIENT	0921957	G	A	0000	0	000	L	0000	0	I
	ID 123456789K		DEP CARE 000 LSO 000	RACE B	SEX	F	OTHR 0000	T1	0	T2	0		
02	223456789	V	FOODSTAMP CHILD	0919984	A	A	0000	0	000	0000	0	I	
	ID 223456789L		DEP CARE 000 LSO 000	RACE B	SEX	F	OTHR 0000	T1	0	T2	0		
03	323456789	V	FOODSTAMP SON	0809988	A	A	0000	0	000	0000	0	I	
	ID 323456789M		DEP CARE 000 LSO 000	RACE B	SEX	M	OTHR 0000	T1	0	T2	0		

P/X TO VIEW DEPENDENTS (X = PAGE TO VIEW)

PF3 – OPID Inquiry Selection Menu PF8-Next Transaction PF7-Prev Transaction



The SLTR TRANSACTION TRACKING FOOD STAMP INQUIRY EBT STAMP STATUS screen is displayed with selection of the SLSE transaction.

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TRANSACTION TRACKING INQUIRY

December 1, 2001

keyed, for example, a request for a supplemental benefit or a cancellation of an authorized benefit. The Auth Date is displayed when the supplemental was authorized or for a cancellation when the cancelled benefit was authorized.

SLTR – TRANSACTION TRACKING FOOD STAMP INQUIRY EBT STAMP STATUS		PAGE 1 OF 1
PROCESS SLSE	USER-ID 123456K	
ID NUMBER XXXXXXXXX X	NAME FOODSTAMP CLIENT	
ADDRESS-1 123 TEST ST	ADDRESS-2	
CTY/STATE RALEIGH NC	ZIPCODE 27603	
TRAN CODE 8	RECD NBR 090	TRAN DATE 05142001
ISSUE CYCLE 03	AMOUNT 0222	
TYPE ISS 9	ACTION CODE 00	
CERT FROM 012001	CERT THRU 062001	
	LAST AUTH 04012001	
SLSE TRAN DATE 05152001	SLSE TRAN TIME 14:32:48	
TYPE OF ISSUE SUP	STATUS AUTHORIZED	
ISSUE STMP RESN W	AMT 122	BEN MO 042001
CANCEL	DATE AUTH 04202001	
PF3 – OPID Inquiry Selection Menu PF8-Next Transaction PF7-Prev Transaction		

C. Navigation Through Screens

Use of the PF3, PF7, and PF8 keys allows navigation through the transactions.

PF3 Use of the PF3 key returns you to the list of transactions from which you left. The S that was used for the selection remains until manually removed.

PF7 Use of the PF7 key allows navigation back to the previous transaction.

PF8 Use of the PF8 key allows navigation to the next transaction.

1200.01 GENERAL

A number of reports are generated by FSIS and either forwarded to county offices on a regular basis or available on X/PTR, Report Distribution. X/PTR instructions are in Section 102. This section describes some of these reports and displays illustrations.

1200.02 REPORT TITLE AND X/PTR REPORT NUMBER

Report Title	Report Number	Page
Pending Applications & Emergency Cases	SLER100-01	2
Notices of Action Taken-Eligibility	SLER432-01	4
Notices of Action Taken – Denial or Pending	SLER332-01	4
Applications Processed Using Normal Processing Standards	SLEM960-01	6
Overdue Applications Processed Using Normal Processing Standards	SLEMU385-ET	8
Applications Processed Using Emergency Service Standards	SLEM960-02	10
Overdue Applications Processed Using Emergency Service Standards	SLEM385-01	12
Redetermination Due-Review for Change	SLER024-01	14
ESC/UIB Match	SLER985-01	17
Cases Due for Redetermination	SLER940-01	20
Workload Report	SLEM910-01	22
Case Information Profile	SLER800-01	25
Work Registration/Deregistration for Closed Cases	SLENU033-ET	28
Restoration of Lost Benefits	SLA006-01	30
FSIS County Caseload Listing	SLER910-01	32
FSIS Alphabetical Listing	SLER910-02 SLER910-03	34
Special Issuance Types By Reason	SLERMU015-ET	36
Cases Process With Regulatory Delay	SLA021-1	38
Reopened Recertifications	SLA022-1	40
Pending End of the Month EBT Card Replacements Due to Name Change	EBT108EP-01	42
FSIS Issuances Being Held By EBTIS	EBT207-RB	44
Transactions Attempted On Invalid Cards	EBT380-BB	46
Inactive Expungement Report	EBT380-BS	48

Report Title: Pending Applications and Emergency Cases

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Report Number:	SLER100-01
Frequency:	Weekly, each Tuesday
Retention:	Retains as long as report is of administrative value
Contents:	<p>This report lists all pending applications certified as emergency with postponed verification. Two reports are generated to provide one sorted by County, Adm, Application Date, and Worker Number. The other is sorted by County, Adm, Worker Number, and Application Date.</p> <p>Applications pending over 20 days are identified by one asterisk; those exceeding postponed verification due date are identified by two asterisks. The due date is the 30th day from the date of application. If the 30th day is a state non-workday, the due date is the workday following the 30th day.</p> <p>For emergency cases with postponed verification, the transaction date of the emergency code 2 entry is listed under the column Emergency Date . These cases do not receive another issuance until postponed verification is received. Emergency cases are not reflected in the summary numbers at the end of the report.</p> <p>Reopened cases that are in Transaction Code 1 status are listed at the end of the report for monitoring purposes. These are cases entered with an action code of 34 or 35 and the previous application date was reentered. While these do not represent pending applications, further action is necessary to certify (reopen) or deny the case.</p> <p>The report is illustrated on the following page.</p>

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Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
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Run Date 04/10/01	N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES	PAGE 1
REPORT DATE 04/10/01	FOOD STAMP INFORMATION SYSTEM	REPORT NO: SLER-01
PENDING APPLICATIONS AND EMBERGENCY CASES SORTED .		
XXXXXX COUNTY DSS	00 00 * OVER 20 DAYS ** EXCEEDS POSTPONED VERIFICATION DUE DATE	

FSIS CASE NUMBER	COUNTY CASE NUMBER	CASE NAME	EMERGENCY DATE	APPL-DATE	DUE-DATE	WFFA 45 TH DAY	WORKER NUMBER	TYPE CASE
---------------------	-----------------------	-----------	-------------------	-----------	----------	------------------------------	------------------	--------------

Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
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Report Title: Notices of Action Taken Eligibility

Report Number: SLER432-01

Frequency: Daily for all new certifications and recertifications

Retention: Retain for 3 years.

Contents: This report is used as the record copy of notices of eligibility sent to households and displays all information given on the notice that is mailed to the client. The worker who certified the case is identified by the worker number.

.....

Report Title: Notices of Action Taken Denial or Pending Status

Report Number: SLER332-01

Frequency: Daily

Retention: Retain for 3 years.

Contents: This report is used as the record copy of notices of denial and pending status sent to households. It identifies by denial code and the denial message on the notice that is mailed to the client. An X indicator is used to show a notice of pending status was mailed.

.....

Both reports contain information to be used in tracking and monitoring processing timeframes. Columns for tracking emergency cases are: Verif Pendng , Emergency, and Over 7 Days . If a case is an emergency case, an X is displayed in the column Emergency . If the emergency case is processed later than 7 days from the date of application, an X is displayed in the column Over 7 Days . If the emergency case is certified with verification pending for the second month s issuance, an X is displayed in the column Verif Pendng .

Applications are tracked using column Over 30 Days Before Cert . An X is displayed in this column for each application processed after the thirty day processing timeframe.

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December 1, 2001

DATE 04/16/01 N.C. DEPARTMENT OF HEALTH & HUMAN SERVICES PAGE 1
FOOD STAMP INFORMATION SYSTEM REPORT NO. SLER432-01
CTY: XXXXXX COUNTY DSS 00 00 NOTICES OF ACTION TAKEN - ELIGIBILITY RETAIN: THREE YEARS

FS	CTY	CERTIFICATION	PRO-	>30	>30	OVER 90 TH DAY								
CASE ID	CASE ID	PERIOD	MNTHLY RATED WK	VERIFY	RETRO	REG	BEF	EMER-	7	HEARING				
CASE ID	CASE ID	CLIENT NAME	FROM	TO	ALLOT	ALLOT	NO	PENDNG	ADDED	DELAY	CERT	GENCY	DAYS	REQ

.....

DATE 04/16/01 N.C. DEPARTMENT OF HEALTH & HUMAN SERVICES PAGE 1
FOOD STAMP INFORMATION SYSTEM REPORT NO: SLER332-01
CTY: XXXXXX 01 00 NOTICES OF ACTION TAKEN (DENIAL OR PENDING) RETAIN: THREE YEARS

FSIS CASE	CTY CASE	CLIENT NAME	WKR	DENIAL	OVER 30	OVER 30	60 TH DAY	OVER 90 TH DAY
ID			NBR	CODE	DAYS REG	DAYS BEF	FOR	FOR HEARING
					DELAY	DENIAL	ODE 36	REQUEST

Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

Report Title: Applications Processed Using Normal Processing Standards

Report Number: SLEM960-01

Frequency: Monthly, end of month

Retention: Retain as long as the report is of administrative value.

Contents: This report is produced along with report SLEM910-01, Workload Report and is distributed to State and Regional staff only.

This report contains statistical data on normal service applications processed during the month and reflects the same cases represented on the Workload Report.

The first page displays a State summary, followed by Team (10 Teams) summaries. Individual county summaries are listed within each team.

Columns labeled PCT DIFF STATE indicate differences between team and county percentages compared to the statewide percentage. Minus signs (-) indicate less than statewide and unmarked numbers indicate greater than statewide percentages.

Applications counted in the column Processed after 30 days are listed individually on report SLEMU385-ET (Overdue Applications Processed Using Normal Processing Standards)

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RUN DATE 03/30/01 N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES PAGE 1
FOOD STAMP INFORMATION SYSTEM REPORT NO: SLEM960-01
FOR MONTH OF MARCH 2001 APPLICATIONS PROCESSED USING NORMAL PROCESSING STANDARDS RETAIN: ADMIN VALUE

ALL APPLICATIONS				APPROVED APPLICATIONS			DENIED APPLICATIONS		
TOTAL PROCESSED		PROCESSED AFTER 30 DYS.		OVERDUE RATE	PCT DIFF STATE	TOTAL	AFTER 30 DYS.	OD RATE	PCT DIFF STATE
NO.	PCT	NO.	PCT						

STATE TOTAL
TEAM01 TOTAL
TEAM 02 TOTAL

Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

Report Title: Overdue Applications Processed Using Normal Processing Standards

Report Number: SLEMU385-ET

Frequency: Monthly, the first part of the month for all cases processed in the prior month

Retention: Retain as long as the report is of administrative value

Contents: This report displays every case identified as over the 30 days processing time. It is a summary of information from the lists of Notice of Action Taken Eligible, Denied, or Pending. Each case has complete identification along with the assigned worker number and displays the number of processing days.

Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
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WORKER NUMBER	FSIS CASE NUMBER	CTY. CASE NUMBER	LAST NAME	FIRST NAME	MI	NAME SUFFIX	DAYS PENDING BEFORE CERT	DAYS PENDING BEFORE DENIAL
------------------	---------------------	---------------------	--------------	---------------	----	----------------	-----------------------------	-------------------------------

TOTAL DENIAL :

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TRANSACTION TRACKING INQUIRY

December 1, 2001

Report Title: Applications Processed Using Emergency Service Standards

Report Number: SLEM960-02

Frequency: Monthly, end of the month

Retention: Retain as long as the report is of administrative value

Contents: This report is produced along with report SLEM910-01, Workload Report and is distributed to State and Regional staff only.

This report contains statistical data on emergency service applications processed during the month and reflects the same cases represented on the Workload report.

The first page displays a State summary, followed by Team (10 Teams) summaries. Individual county summaries are displayed within each team.

Columns labeled PCT DIFF STATE indicate differences between regional and county percentages compared to the statewide percentage. Minus signs (-) indicate less than statewide and unmarked numbers indicate greater than statewide percentages.

Applications displayed in the column Processed After 7 Days are listed individually on report SLEM385-01.

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RUN DATE 03/30/01 N.C. DEPARTMENT OF HEALTH & HUMAN SERVICES PAGE 1
FOOD STAMP INFORMATION SYSTEM
FOR MONTH OF MARCH 2001 APPLICATIONS PROCESSED USING EMERGENCY SERVICE STANDARDS REPORT NO: SLEM960-02
RETAIN: ADMIN VALUE

ALL APPLICATIONS				APPROVED APPLICATIONS				DENIED APPLICATIONS			
TOTAL PROCESSED		PROCESSED		OVERDUE	PCT	TOTAL	AFTER	OD	PCT		
NO.	PCT	NO.	PCT	RATE	DIFF		7 DYS.	RATE	DIFF		
					STATE				STATE		

STATE TOTAL
TEAM01 TOTAL
TEAM 02 TOTAL

Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

Report Title: Overdue Applications Processed Using Emergency Service Standards

Report Number: SLEM385-01

Frequency: Monthly, first of the month for all cases processed in the prior month

Retention: Retain as long as the report is of administrative value

Contents: This report displays every emergency case identified as processed over the 7 day processing timeframe. This is a summary report of information gathered from the lists of Notices of Action Taken Eligible, Denied, or Pending. Each case has complete identification along with the assigned worker number and displays the number of processing days.

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DATE 04/02/01	N.C. DEPARTMENT OF HUMAN RESOURCES	PAGE 1
FOR MONTH OF MARCH	FOOD STAMP INFORMATION SYSTEM	REPORT NO: SLEM385-01
CTY: xxxxxxxx 01 00 OVERDUE APPLICATIONS PROCESSED USING EMERGENCY SERVICE STANDARDS		RETAIN: ADMIN VALUE

WORKER	FSIS CASE	CTY CASE	LAST	FIRST	NAME	DAYS PENDING
NUMBER	NUMBER	NUMBER	NAME	NAME	MI SUFFIX	BEFORE CERT BEFORE DENIAL

TOTAL CASES LISTED:

TOTAL CERT:

TOTAL DENIAL:

Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

Report Title:	Redetermination Due/Review for Change
Report Number:	SLER024-01
Frequency:	Monthly, the 10 th of each month
Retention:	This report is documentation that timely Notice of Expiration is provided a household. Documentation is also provided by retaining the face sheet of the Notice of Expiration, DSS-8594. If this report is used for documentation purposes rather than the face sheet, retain the report for 3 years. If the face sheet is filed in the case record for documentation, retain this report for as long as the report is of administrative value.
Contents:	<p>This report lists all cases due for recertification or change in the following month. All cases listed are identified by the FSIS case ID number, county case number, and worker number.</p> <p>Cases due for recertification displays additional information:</p> <ol style="list-style-type: none"> 1. Household type (PA or NPA) 2. AFDC (Work First) case number for each Work First payment in the household. 3. An X indicator under the column Redet Due . 4. An X indicator if the household is a PA household (Household Types 1, 3, or 4) and the review for Work First is due the same month as the food stamp redetermination. 5. An X indicator if the household has a boarder or income from SSI or VA. 6. An X indicator if the automatic wage match at redetermination finds wages or unemployment insurance benefits for any food stamp unit member with a dependent relationship code of A, D, E, I, or W. When this indicator is displayed, the member with that income is found on the ESC/UIB Match Report, SLER985-01. 7. An X indicator in the appropriate column if a person in the food stamp unit turns age 18 or age 60 in the second following month. This indicator also appears for any person in any active case who turns age 18 or age 60 in the second following month. 8. The QR field displays 4 (4th quarter), a face to face is needed. If 1, 2, or 3 is due, a quarterly recertification is due. <p>Cases needing a review for change displays the following information:</p> <ol style="list-style-type: none"> 1. The review for change month and type code under the column(s) Review 1/Review 2 if the review for change is due for the following month or due in a previous month and the review for change date has not been changed. 2. An X indicator in the appropriate column if a person in the food stamp unit turns age 18 or age 60 in the second following month.

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TRANSACTION TRACKING INQUIRY

December 1, 2001

RUN DATE 04/10/01	N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES	PAGE 1
	FOOD STAMP INFORMATION SYSTEM	REPORT NO: SLER024-01
COUNTY: XXXXXX 00-00	REDETERMINATIONS DUE MAY 01 AND REVIEW FOR CHANGE	RETAIN: THREE YEAR/ADM
FSIS	COUNTY WRKR TYPE AFDC REDET AFDC HAS ** HAS INCOME * REVIEW 1	REVIEW 2 18 TH 60 TH
CASE NO. NAME	CASE NO. NO. CASE CASE NO. DUE DUE BRDR SSI VA WAGE UIB DUE TP	DUE TYP B/DAY B/DAY QR

Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
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Report Title: ESC/UIB Match

Report Number: SLER985-01

Frequency: Monthly, 10th of each month

Retention: Retain for 3 years

Contents: This report is produced as the result of five matches with Employment Security Commission s (ESC) wage and unemployment insurance files.

The five matches with ESC are:

1. Redetermination Due
2. Approved Applications
3. Loss of Wages/Employment
4. UIB Recipient
5. Quarter Match

Each case on this report appears with the head of household displayed first. All other individuals in the case having a match are displayed below the head of household. An X is displayed in each column for which there is a match for the individual listed. Wage and/or UIB data found on ESC s files are listed also by each individual. The report is sorted in alphabetical order by head of household within worker number. Individuals matched with ESC are described by type of match as outlined below:

1. Redetermination Due All members of each food stamp unit due for redetermination on Redetermination Due/Review for Change Report SLER024-01 are matched with ESC. The head of household and all individuals having a match are displayed.
2. Approved Applications This match includes all food stamp unit members with a dependent relationship code of A, D, E, F, G, I, or W in all approved applications for the first three months after applications are approved.
3. Loss of Wages/Employment All food stamp unit members with a dependent relationship code of A, D, E, F, G, I, or W having a reduction in earned income are matched with ESC files for three months after the reduction. FSIS is unable to determine whether or not the reduction in earnings is due to loss of wages or employment or a reduction in hours worked, hourly wage, leave without pay, etc.
4. UIB Recipient All food stamp unit members with a dependent relationship code of A, D, E, F, G, I, or W who currently receive income from unemployment benefits are matched each month with ESC.
5. Quarter Match This match consists of all food stamp unit members with a dependent relationship code of A, D, E, F, G, I, or W that were not matched in the previous three months with ESC.

The last three columns on this report contain information extracted from ESC files:

1. Weekly UIB Amount The amount of weekly benefits for which the individual is potentially eligible.
2. Quarterly Wage Amount The total wages reported to ESC for the quarter shown.
3. Wage Quarter The most current quarter in which wages appear on the ESC file.

A single sheet report, SLER985-02, is produced for each individual listed on the SLER985-01 report. The same information is displayed and includes the name and address of all employers displayed in the last quarter showing wages.

North Carolina Department of Health and Human Services
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Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

DATE 04/10/01

N C DEPARTMENT OF HUMAN RESOURCES

PAGE 1

COUNTY 00 00 YANCEY
WORKER 227

FOOD STAMP INFORMATION SYSTEM
ESC/UIB MATCH - MAY 2001

REPORT NO: SLER985-01
RETAIN: THREE YEARS

NAME	FSIS CASE ID	CTY CASE	SSN	RED DUE	APPR APP	LOSS WAGE	UIB REC	QTR MTH	WEEKLY UIB AMT	QUARTERLY WAGE AMT	WAGE QTR
------	-----------------	-------------	-----	------------	-------------	--------------	------------	------------	-------------------	-----------------------	-------------

Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
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Report Title:	Cases Due for Redetermination
Report Number:	SLER940-01
Frequency:	Monthly
Retention:	Retain as long as the report is of administrative value.
Contents:	This reports displays the number of cases due for redetermination in the current month and the following 12 months. With 13 months represented, the total number displayed are for active cases at the time the report is run. Active cases for this report are all cases with a transaction codes 2, 6, 8, or 9, including suspended cases and expired cases not yet terminated by FSIS. The report is in caseworker number order within supervisor number.

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Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
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RUN DATE 04/16/01
COUNTY 00 YANCEY

N C DEPARTMENT OF HUMAN RESOURCES
FOOD STAMP INFORMATION SYSTEM
CASES DUE FOR REDETERMINATION

PAGE 1
REPORT NO: SLER940-01
RETAIN: ADMIN VALUE

SUPV/WRKR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	TOTAL
-----------	-----	-----	------	------	-----	------	-----	-----	-----	-----	-----	-----	-----	-------

COUNTY

Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

Report Title: Workload Report

Report Number: SLEM910-01

Frequency: Monthly, end of the month

Retention: Retain as long as the report is of administrative value.

Contents: This is an activity report of five types of caseworker actions, new applications, reinstatements, currently eligible cases, recertifications, and miscellaneous changes. Totals are listed at the bottom.

This report does not balance because cases can be represented more than one time on the same report for the same or different caseworker numbers. The report lists the action according to the caseworker number present at the time of the action. For example: Caseworker 001 processes an application (TC1), approves the case (TC2), then makes a change (TC8). This case would be represented on the report four times, once for each action and once as an ongoing eligible case.

The caseworker number present at the time of the action is important if the assigned worker changes. For example: If caseworker 001 processes the TC1 and processes the TC2 with the worker number changed to 002, caseworker 002 is credited with the action. No action is displayed for caseworker 001. To ensure the caseworker receives credit, change the worker number after the TC2 is completed by completing a separate TC8. Temporary caseworker numbers are also displayed on the report.

The following provides more detailed information that is displayed on the report.

1. **Household Type:** 1-PA; 2-NPA; 3-PA; 4-PA
2. **New Application:** A TC1 entry where there is no existing record and FSIS assigns a case number.
3. **Reopen Application:** A TC3 entry with action code 31. Note: Columns 2 and 3 are included in columns 4 through 9 for certified, denied, pending, and clocking of time for average days and 30 days processing time.
4. **Certified Applications:** A monthly cumulative count of applications for which the final disposition is a certified case.
5. **Denied Applications:** A monthly cumulative count of applications for which the final disposition is a denied application.
6. **Pending Applications:** An end of the month count of TC1 s when the Action Code is 00 or 31 and TC2 s with suspense codes 29, 30, 32, 40, and 47.
7. **Average Days:** The average number of days from the date of application to the transaction effective date reflecting disposition of the application. If a TC1 is entered on the date of application

- and the case is processed or denied the same day, the average days is zero. Processing time begins the day following the date of application.
- 8 & 9. **Cert/Denied +30:** The number of cases with more than 30 days from the date of application to the transaction effective date reflecting disposition of the application.
 10. **MR Reinstatements:** A monthly cumulative count of all TC3/1 s with action code 34 entered and a subsequent TC2 with action code 00. All subsequent TC5 s or TC7 s with an action code greater than 00 are reflected in Misc Actions .
 11. **Other Reinstatements:** A monthly cumulative of TC3/1 s with action code 35. And a subsequent TC2 with action code 00. All subsequent TC5 s or TC7 s with an action code greater than 00 are included in miscellaneous actions.
 12. **Reopened Recertifications:** A monthly cumulative count of TC3/1 s with action code 50 and a subsequent TC2 with action code 00. All subsequent TC5 s or TC7 s with an action code greater than 00.
 13. **Closed Cases:** A monthly cumulative count of cases in TC2, 6, 8, or 9 status and then closed with a TC7.
 14. **Ongoing Cases:** An end of month count of cases in TC2, 6, 8, or 9 status, action code is 00, and a certification thru date of the current month/year or greater.
 15. **Closed Redeterminations:** A monthly cumulative count of cases with an attempted TC6 redetermination which resulted in a denied application for recertification.
 16. **Recertifications:** A monthly cumulative count of cases with an attempted TC6 redetermination which resulted in a recertified case. The application date and the Cert from or Cert thru date were changed at the time of the TC6.
 17. **Miscellaneous Actions:** A monthly cumulative count of all TC8/9 entries. Also, included are:
 - a. TC2/6 entries that result in suspense status (action codes 29, 30, 32, 40, or 47).
 - b. Reinstatements in columns 10 and 11 that have subsequent TC5 or TC7 with an action code greater than 00.
 - c. Reopened recertifications in column 12 that have subsequent TC5 or TC7 with an action code greater than 00.

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Division of Social Services
Economic Independence Section
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Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

DATE 03/30/01 N.C. DEPARTMENT OF HUMAN RESOURCES
YANCEY COUNTY DSS FOOD STAMP INFORMATION SYSTEM
FOR MONTH OF MARCH COUNTY 00 WORKLOAD REPORT BY WORKER-COUNTY/STATE

*****APPLICATIONS*****				*****REINSTATEMENTS*****				*****ELIGIBLES*****		*****REDETERMS**		*****OTHER*****		
WORKER TYPE	RECEIVED	DISPOSED OF	AVG CERT DENIED	MR	OTHER REOPEN	CLOSED ONGOING	MISC							
	NEW	REOPEN	CERT DENIED	PEND	DAYS	+30	+30	REINST	REINST	RECERT	CASES	CASES	CLOSED RECERT	ACTIONS
1-PA														
2-NPA														
3-PA														
4-PA														

CNTY 1-PA
2-NPA
3-PA
4-PA
TOTAL

Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
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Report Title:	Case Information Profile
Report Number:	SLER800-01
Frequency:	Monthly, 18 th or 19 th of the month
Retention:	Retain as long as the report is of administrative value.
Contents:	<p>This report lists a variety of statistical data and case characteristics helpful in analyzing the overall county Food Stamp Program. Most items displayed are self-explanatory. Others are clarified below:</p> <ol style="list-style-type: none"> 1. Cases Per Mail Cycle Cycle 0 represents Issuance Type 1, 3, and 4 cases. Cycle 0 with Cycles 1-10 equal the total number of cases. 2. Income Breakdown of Participants Earned Income includes codes B, C, D, E, G, H, I, and J. <p>This report includes cases having these characteristics:</p> <ol style="list-style-type: none"> 1. Current transaction codes 2, 6, 8, or 9. 2. Action code is 00. 3. Certification Thru Date is the current month/year or greater. Only persons who contain a dependent relationship code of I are included when counting individuals in these cases to include on the report.

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TRANSACTION TRACKING INQUIRY

December 1, 2001

RUN DATE 04/19/01

N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PAGE 1

FOOD STAMP INFORMATION SYSTEM
CASE INFORMATION PROFILE

REPORT NO: SLER800-01

RETAIN: ADMIN VALUE

STATE TOTALS

HH COUNT	AVG AMT	PCT OF CASES	HH COUNT	AVG AMT	PCT OF CASES	HH COUNT	AVG AMT	PCT OF CASES
RENT			EARN INC			EX SHEL DED		
TAXES			INC DED			EXP DED UNLTD		
INSUR			NET EARN			EXP DED LTD		
UTIL-0			OTHER INC			EXP DED TOT		
UTIL-STD			ADJ GROSS INC			NET ADJ INC		
UTIL-ACT			ADJ INC			RATE RED		
OTH EXP			DEP CARE			COUPON BONUS		
TOT SHEL			MED EXP					

-----CASES PER MAIL CYCLE-----

0	1	2	3	4	5	6	7	8	9	10	CASES	PARTICIPANTS
---	---	---	---	---	---	---	---	---	---	----	-------	--------------

-----BOOK DENOMINATIONS-----

TOTAL BENEFITS

-----INCOME BREAKDOWN OF PARTICIPANTS-----

EARNED INCOME		AFDC INCOME						SOC SEC INCOME	SUP. SEC. INCOME
SELF-EMP TYPE L	EARNED A,,F,K	TYPE C	TYPE M	TYPE A	TYPE F	TYPE H	TYPE K		TYPE G TYPE L

ALL PARTICIPANTS
HEAD OF HH
HOUSEHOLDS
PCT/PARTIC

-----TYPES OF OTHER INCOME-----

A	B	C	D	E	F	G	H	I	J	K	L	M	N	P
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

ALL PARTIC
HEAD OF HH
HOUSEHOLDS
PCT/PARTIC

-----TYPES OF OTHER INCOME-----

Q	R	S
---	---	---

ALL PARTIC
HEAD OF HH
HOUSEHOLDS
PCT/PARTIC

-----WORK REGISTRATION SUMMARY-----

A	B	C	D	E	F	G	H	I	J	K	U	V	W	X
AGE EXEMPT	DIS- ALBED	DEP CARE	16-17 H-H	WFIRST REC/APP	UCB	REHAB	WORKS 30 HRS	STUDENT EXEMPT	GEO RMT	SS/VA DSABLT	HOM LESS	OTHER	MSFW	PHY/MEN COND

ALL PARTIC
HEAD OF HH
PCT/PARTIC

-----WORK REGISTRATION SUMMARY-----

Y	Z	L	M	T	R	P,S	01	02	03	04	05	06	07	08
LACK TRANS	EMERG SITU	30 DAY PARTIC	NOT JOB READY	VOLNTR	REGSTRD	W-FARE	PHY/MEN COND	DIS- ABLED	DEP CARE	INCAP PERSON	PREG WOMEN	UCB	REHAB	STUDENT EXEMPT

ALL PARTIC
HEAD OF HH
PCT/PARTIC

-----WORK REGISTRATION SUMMARY-----

09	10	11	12	13	14	15
WFIRST REC/APP	WORKS 20 HRS	WORKS 30 HRS	REG ESC PART E&T	PART WFARE	3=MTH LIMIT	2 ND TIER

ALL PARTIC

North Carolina Department of Health and Human Services
Division of Social Services
Economic Independence Section
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TRANSACTION TRACKING INQUIRY

December 1, 2001

HEAD OF HH
PCT/PARTIC

-----AGE BREAKDOWN OF PARTICIPANTS-----
0 5 6 11 12- 15 16 17 18 20 21 30 31 40 41 50 51 59 60 64 65 AND OVER

-----HEAD OF HOUSEHOLD BY SEX AND ETHNIC GROUP-----
 WHITE HISPANIC AMER IND OFF RESERVATION ASIAN OR PAC ISLANDER BLACK
 M F M F M F M F M F

-----NUMBER OF HOUSEHOLDS BY SIZE----- TOTAL AVERAGE
 1 2 3 4 5 6 7 8 9 10 11-15 16-25 26-39 HSHLD SIZE

-----SPECIAL HOUSEHOLDS-----
 E H N
 MIGRANT HOMELESS OTHER
HOUSEHOLDS
PARTICIPANTS

Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
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Report Title:	Work Registration Deregistration for Closed Cases
Report Number:	SLENU033-ET
Frequency:	Monthly, end of the month
Retention:	Retain for 3 years.
Contents:	<p>This report is an alphabetical listing by worker of each work registrant who is included in the households which were not redetermined in the 30 day period following expiration of the certification period. These households were closed by FSIS.</p> <p>The registrant s name, social security number, county food stamp number, and work status code are displayed on the report. One copy of the report is mailed to the county dss. Two copies of the report are sent to ESC for deregistration of these individuals.</p>

N.C. DEPARTMENT OF HUMAN RESOURCES
FOOD STAMP INFORMATION SYSTEM
WORK REGISTRATION DEREGISTRATIONS FOR CLOSED CASES

PAGE
REPORT NO: SLENU033-ET
RETAIN: THREE YEARS

GEO-COUNTY	ADM-COUNTY	WORKER-NUM	NAME	SSN	COUNTY CASE NUM	WORK REG
------------	------------	------------	------	-----	--------------------	-------------

Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
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Report Title:	Restoration of Lost Benefits
Report Number:	SLA006-01
Frequency:	Monthly, end of the month
Retention:	Retain only as long as of administrative value.
Contents:	This report displays all restorations entered in FSIS with a DSS-8593 in the report month.

North Carolina Department of Health and Human Services
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Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
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RUNDATE 04/30/01	N.C. DEPARTMENT OF HUMAN RESOURCES	PAGE
COUNTY	FOOD STAMP INFORMATION SYSTEM	REPORT NO: SLA1006-01
REPORT MONTH = APRIL	RESTORATION OF LOST BENEFITS	RETAIN: ADMIN VALUE

WORKER	LAST	FIRST	MID	SUF	REASON	RESTORATION
NUMBER	ID NUMBER	NAME	INIT	NAME	CODE	AMOUNT

ADMIN TOTAL

COUNTY TOTAL

Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

Report Title: FSIS County Caseload Listing

Report Number: SLER910-01

Frequency: On request by contacting the DSS Automation staff. Because of the volume of required activity, this report cannot be run at month end.

Retention: Retain only as long as of administrative value.

Contents: This report is produced as a cross-reference between FSIS case ID numbers and county case numbers. Caseloads are as of the date the report is run. The report includes all cases with:

1. A certification thru date of the current month or greater.
2. The current transaction codes of 2, 6, 8, or 9.
3. All individuals included on the case.
4. A suspense code of 29, 30, 32, 40, 47.
5. Expired cases not yet terminated by FSIS.

In addition to identifying information for each case, the following specific data are given for each case:

1. Work Registration each work registration code displayed on the case.
2. PA/SSI Income each type code found on the case.
3. Earned Income each type code found on the case.
4. Other Income each type code found on the case.
5. Dependent Relationship each relationship code found on the case.

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Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
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RUN DATE:05/15/01 WORKER:	N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD STAMP INFORMATION SYSTEM ** FSIS COUNTY CASELOAD LISTING**	PAGE REPORT NO: SLER910-01 RETAIN: ADMIN VALUE
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COUNTY:

FSIS CASE	COUNTY	NAME	CERT	WORK REG	EARNED	PA/SSI	OTHER INC	DEP REL
ID	CASE		THRU		INC	INC		

Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

Report Title: FSIS Alphabetical Listing

Report Number: SLER910-02, SLER910-03

Frequency: On request by contacting the DSS Automation staff. Because of the volume of required activity, this report cannot be run at month end.

Retention: Retain only as long as of administrative value.

Contents: These reports are an alphabetical listing of the entire county caseload. Report SLER910-02 is an alphabetical listing of the entire caseload, and Report SLER910-03 is in alphabetical order within the individual worker number. Data displayed is the data as of the date the report is run.

The reports include all cases with:

1. A certification thru date of the current month or greater.
2. Current transaction code is 2, 6, 8, or 9.
3. All individuals included on the case.
4. A suspense code of 29, 30, 32, 40, or 47.
5. Expired cases not yet terminated by FSIS.

Column descriptions are outlined below:

1. MR CD - Quarterly Report Exclusion Code
2. HH Type Household type 1, 2, 3, or 4
3. R/C CD Reject/Closure Code which is the two digit action code
4. UT TP Utility Type Code
5. DEP CR Dependent Care - An X indicates a dollar amount displayed in the dependent care field.
6. MED DED Medical Deduction An X indicates a dollar amount displayed in the Medical Deduction field.
7. CLIN Claim Indicator The claim indicator from EPICS.
8. NBR DEP Number of Dependents for whom dependent care is paid.
9. WR R Work Registration Code R An X indicates a person is coded R for the Work Registration field.
10. SE IN Self-Employment Income An X indicates a person is coded A, F, K, or L for the earned income type.
11. EM IN Employment Income An X indicates a person is coded B, C, D, E, G, H, I or J, for earned income type.
12. ADC INC - Work First Income An X indicates a PA Income type of C or M.
13. SSI INC SSI Income An X indicates a PA Income type of L.
14. SSA INC SSA Income An X indicates a dollar amount displayed for social security income (SS).
15. OTHR INC Other Income An X indicates a person is coded with an OTHER income type code.

RUN DATE:05/16/01
COUNTY:

N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
FSIS ALPHABETIC LISTING
OF CASES ON FILE

PAGE:
REPORT NO: SLER910-02
RETAIN: ADMIN VALUE

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Division of Social Services
Economic Independence Section
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Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

NAME - LAST/FIRST/INIT	WKR	COUNTY	FSIS CASE	AD MR TR TRAN	CERT	HH	HH R/C	UT	DEP	MED	CL	NBR	WR	SE	EM	AFC	SSI	SSA	OTHR
	NO	CASE		CD CD CD DATE	THRU	SZ	TYPE	CD TP	CR	DED	IN	DEP	R	IN	IN	INC	INC	INC	INC

RUN DATE:05/16/01
WORKER:
COUNTY:

N.C. DEPARTMENT OF HEALTH AND HUMAN
FSIS ALPHABETIC LISTING
BY WORKER NUMBER

PAGE:
REPORT NO: SLER910-02
RETAIN: ADMIN VALUE

NAME - LAST/FIRST/INIT	COUNTY	FSIS CASE	AD MR TR TRAN	CERT	HH	HH R/C	UT	DEP	MED	CL	NBR	WR	SE	EM	AFC	SSI	SSA	OTHR
	CASE		CD CD CD DATE	THRU	SZ	TYPE	CD TP	CR	DED	IN	DEP	R	IN	IN	INC	INC	INC	INC

Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
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Report Title:	Special Issuance Types By Reason
Report Number:	SLEMU015-ET
Frequency:	Monthly
Retention:	Retain only as long as of administrative value.
Contents:	This report displays all issuances entered through the Transaction Authorization, DSS-8593.

North Carolina Department of Health and Human Services
 Division of Social Services
 Economic Independence Section
 FSIS User s Manual

Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
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5/01/2001	N.C. DEPARTMENT OF HUMAN RESOURCES	PAGE
FOR MONTH OF APRIL	FOOD STAMP INFORMATION SYSTEM	
	SPECIAL ISSUANCE TYPES BY REASON	REPORT NO SLEMU015-ET

	REASON	REASON	REASON	REASON	REASON	REASON	REASON	REASON	REASON	ATP		COUNTY
GEO	D	H	N	O	T	W	Y	Z	R	EXCHANGE	AMT	INITIATED

Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

Report Title: Cases Processed With Regulatory Delay

Report Number: SLA021-1

Frequency: Monthly, end of the month

Retention: Retain only as long as of administrative value.

Contents: This report displays cases that were processed over the 30 day standard but are not counted as overdue because the processing delay was a result of regulatory requirements. The report is distributed to the Program Integrity Representatives. Version SLA021-2 summarizes the number of cases by county.

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 Division of Social Services
 Economic Independence Section
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Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

RUN DATE 04/30/01
 MONTH OF APRIL
 TEAM COUNTY: ADM:

N.C. DEPARTMENT OF HEALTH & HUMAN SERVICES
 FOOD STAMP INFORMATION SYSTEM
 CASES PROCESSED WITH REGULATORY DELAY

PAGE
 REPORT NO: SLA021-1
 RETAIN: ADMIN VALUE

FSIS CASE NUMBER	CTY. CASE NUMBER	WORKER NUMBER	CASE NAME	APPLICATION DATE	DISPOSITION DATE	CERTIFIED	DENIED	NO. DAYS PROCESSING	NORM/EMERG
---------------------	---------------------	------------------	--------------	---------------------	---------------------	-----------	--------	------------------------	------------

Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
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Report Title:	Reopened Recertifications
Report Number:	SLA022-1
Frequency:	Monthly, end of the month
Retention:	Retain only as long as of administrative value.
Contents:	This report displays cases that are recertifications but are handled as reopened cases. These cases were reopened using transaction code 3 with action code 50. The report is distributed to the Program Integrity Representatives.

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Division of Social Services
Economic Independence Section
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Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

RUN DATE 04/30/01
MONTH OF APRIL 01
TEAM CO

N.C. DEPARTMENT OF HEALTH & HUMAN SERVICES
FOOD STAMP INFORMATION SYSTEM
REOPENED RECERTIFICATIONS

PAGE
REPORT NO: SLA022-1
RETAIN: ADMIN VALUE

FSIS COUNTY WORKER
CASE CASE NUMBER
NUMBER NUMBER

CASE
NAME

APPLICATION
DATE

DISPOSITION
DATE

NUM DAYS
PROCESSING
TIME

TC3/50
ENTRY
DATE

Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

Report Title: Pending End of the Month EBT Card Replacements Due to Name Change

Report Number: EBT108EP-01

Frequency: Daily

Retention: Retain only as long as of administrative value.

Contents: This report identifies pending EBT card replacements when a name change (first or last name) has been updated for the head of household, authorized representative, or both. This report is created nightly and is cumulative through the end of the month that the change is made. Name changes generated through EIS, Social Security, and worker initiated name changes for authorized representatives are coded by the system to create a replacement card at the end of the month.

When the name of the head of household and the authorized representative is changed the same month, the report displays two separate lines. One line displays the new head of household name with no authorized representative name present. The second line displays the head of household name and the authorized representative s new name.

Off-Line is displayed when changes are made through the nightly update.

On-Line is displayed when changes are made through the SLNC function.

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Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

5/16/2001
 21.46.42

N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 EBTIS SYSTEM
 PENDING END OF THE MONTH EBT CARD
 REPLACEMENTS DUE TO NAME CHANGE

PAGE
 REPORT NO: EBT108EP-01

COUNTY
 WORKER

HEAD OF HOUSEHOLD NAME	SSN	COUNTY CASE NUMBER	FSIS CASE ID	BEN CYL	ON-LINE/ OFF-LINE	AUTHORIZED REPRESENTATIVE NAME
------------------------	-----	--------------------------	--------------------	------------	----------------------	--------------------------------

Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

Report Title: FSIS Issuances Being Held By EBTIS

Report Number: EBT207-RB

Frequency: Daily

Retention: Retain only as long as of administrative value.

Contents: This report displays EBT benefits that are being held by EBTIS when no account has been set up for the food stamp case ID number. The information remains on the report until an account has been set up for the food stamp case and the benefits have been moved to the account.

There is a total amount and total count for each county and there is statewide totals for both the amount and count.

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TRANSACTION TRACKING INQUIRY

December 1, 2001

DATE 05/16/01
TIME 22.00.79

N.C. DEPARTMENT OF HEALTH AND HUMAN RESOURCES
ELECTRONIC BENEFITS TRANSFER INTERFACE SYSTEM
FSIS ISSUANCES BEING HELD BY EBTIS

PAGE
REPORT NO. EBT207-01

COUNTY :

FSIS CASE
ID

TYPE OF
ISSUANCE

DATE
WRITTEN

BENEFIT
MONTH

AVAILABLE
DATE

ADTC
NBR

AMOUNT

WORKER:

TOTAL AMOUNT :
TOTAL COUNT :

Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

Report Title: Transactions Attempted On Invalid Cards

Report Number: EBT380-BB

Frequency: Monthly, 5th, 6th, or 7th of the month

Retention: Retain only as long as of administrative value.

Contents: This report displays denied point of sale (POS) transactions. The person s name that is on the invalid card is displayed along with the card number and the retailer name. A summary is displayed at the end of each county report. For more information, please refer to your EBT Manual.

Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

REPORT: 3

**NC EBT SYSTEM
TRANSACTIONS ATTEMPTED ON INVALID CARDS**

REPORT DATE: 04/02/01 03:37:01
REPORT MONTH: 03/01

PAGE:
COUNTY:

CARD NAME	CASE NUMBER	CARD NUMBER	RETAILER NAME	RETAILER ID	DEVICE	DATE	TIME	REASON
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SUMMARY OF REJECTED TRANSACTIONS BY REASON AND DEVICE

REASON	DEVICE	
	POS	ATM

L/D/S CARD
INVALID PIN
EXPIRED
NSF

TOTAL TRANS.

Change # 2- 2001	TRANSACTION TRACKING INQUIRY	December 1, 2001
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Report Title:	Inactive Expungement Report
Report Number:	EBT380-BS
Frequency:	Daily
Retention:	Retain only as long as of administrative value.
Contents:	This report displays accounts that have been dormant, inactive, or expunged. This report was formerly called the 60 90 day report . For more information, please refer to your EBT Manual.

Change # 2- 2001

TRANSACTION TRACKING INQUIRY

December 1, 2001

Report Date: 05/17/01 00:10:42

Report #:

NC EBT SYSTEM
Inactive Expungement Report

Page
COUNTY:

Card Number	Card Name	Case Number	EDA Number	Type	Ind	Current Balance	ACCOUNT STATUS
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Total Amount For County:

State Total:

Change # 2-2001	GLOSSARY	December 1, 2001
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FSIS 1300 Glossary

FSIS Case Number	A system generated number of nine digits beginning with a 9.
Check Digit	A system generated number which acts as a safeguard to ensure accurate retrieval of a case. This check digit is required when using the SLUP/SLUO transactions.
Closure	Termination of a case which is presently receiving benefits or is in a suspended status.
Denial	A manual determination of ineligibility based on factors other than income and/or deductions. For example, ineligibility based on residence, student or striker status, citizenship, enumeration, work registration and reserve, vs. computer determination of ineligibility based on net or gross income, deductions, and reserve.
Dependents	Members on the case other than the head of household.
Determination	The system process which calculates eligibility or ineligibility of a case based on income, deductions, and reserve.
EBT	Electronics Benefit Transfer
Expiration	The expiration of a case occurs when the current certification period expires and no action has been taken to either extend the certification period or close the case. Expired cases are automatically closed by the system after 30 days.
Hard Copy	The system generated copy of the Client Record (DSS-8590) which is printed after a transaction is entered.
Initial Application	The process of creating a new application (a case that has never been opened in the system and allows additional information to be entered at a later date.
Redetermination	The system process which calculates eligibility or ineligibility of a case based on income, deductions, and reserve at the time the case is recertified with a new certification period.
Suspense Status	The situation when the system determination of ineligibility is made based on net or gross income, reserve, or the allotment is calculated to be less than \$1.00. The worker makes the final determination to close the case. Suspension also occurs automatically for one month following expiration of the certification if there has been no redetermination.
Transaction Code (TC)	A number assigned to a specific process which instructs the system to accomplish a specific action, for example open a new case or make a change to an existing case.
Transaction Date	The date that information is entered into the system or the next work day if information is entered on a non work day. The transaction date is

automatically updated by the system when there is a name change,
mass change, EPICS update, or corrections made by the state.